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ABSTRACT

Topics include the role of the family in the development and growth of the mentally handicapped (MH) child, the psychological impact of the MH child on the family, parental attitudes, and the need for guidance and counseling of parents of MH children. Also of concern are the agency framework, the goals aimed at by the group guidance program, the method of their work, and the organization of the groups. Also discussed are the problem of mental handicaps, the effect of MH on behavior, attitudes and feelings of parents, and the organization of the Greek Association of Parents of Mentally Retarded Children. (JM)

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OLGA ZARNARI

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OLGA ZARNARI

GROUP WORK WITH PARENTS OF MENTALLY RETARDED CHILDREN

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U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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PREFACE

The group-work with parents of mentally retarded children that is described in the present volume took place within the framework of services of the Center for Mental Health and Research. The accomplishment of this work and its publication were only made possible through the co-operation and the assistance of this agency, which is gratefully acknowledged.

I also wish to express my deep appreciation to Mrs. Anna Potamianou, Scientific Director of the Center for Mental Health and Research, whose continuous encouragement and assistance in the preparation of the book was a major factor in making this undertaking a rewarding one. Her ideas and suggestions were valuable contributions to the text.

I am very indebted to Mrs. K. Haka, Director of the „Mihalinion" Child Guidance Center, and Miss G. Choras, psychologist, who read the whole manuscript and made valuable suggestions for its greater clarity and readability.

Many thanks are due to Mrs. F. Carapanou, psychologist, who very kindly helped with the survey of the available French literature and thus contributed to the better documentation of this work, and to Miss I. Fakinou, social worker, for her conscientious and careful completion of questionnaires in the interviews with parents.

Finally, I like to feel that the publication of this work is a small recognition of the contribution of the parents of our groups in promoting services for mentally handicapped children.

O.Z.

December, 1967

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INTRODUCTION

Mental retardation has always existed in Greece, as in all other countries of the world, but it is only recently that it has become a pressing social problem demanding its solution in an adequate and scientific manner.

Before World War II, the socioeconomic structure of the country, being mainly rural with the extended family as its characteristic social unit, facilitated the absorption of most of the mentally retarded individuals in its midst and in many instances met their needs without obvious problems or stress to their families or to the community. Certainly, for the mentally retarded individuals themselves, life could be very hard, and sometimes cases of very cruel treatment of retarded children and adults would reach publicity.

In the late 1930's educators had begun to get concerned about the lack of educational services for mentally retarded children and had shown interest for the initiation of programs of special education. However, the ensuing war years and their destructive consequences put a stop to these activities.

After the war, however, when the influx of people to the cities increased rapidly the urban population, and the whole pattern of living began to change, mental retardation began to assume the dimensions of a «social problem».

It should also be noted that the number of mentally retarded individuals, per se, surviving to late childhood or even adulthood, increased also, as better medical services became more generally available, thus increasing the problem quantitatively as well.

Another drawback that delayed the establishment of any comprehensive program of care for the mentally retarded individuals was the prevalent notion existing in all parts of the world, and in Greece as well, that mental retardation was a medical problem main-

ly. Mentally retarded individuals were judged incurable, and as such, it was thought that efforts for treatment and rehabilitation were doomed to failure.

This misconception was still considered prevalent enough to be refuted by the National Society for Mentally Handicapped Children in Britain as late as 1962, and no doubt it still exerts influence in the planning of programs of care in many parts of the world, including Greece. In a publication of the said Society it is mentioned that ... «mental deficiency became a health problem not because medicine offered any treatment but because there was thought to be no other treatment. We now know that the treatment which can help these children is educational»[1].

The recognition of the fact that mental retardation is mainly a problem of special education, developed very slowly in Greece, and this slow realization affected decisively the nature of the institutions that initially became concerned or provided services for the mentally retarded.

Public mental hospitals, as well as private clinics or small private asylums, were the first to provide care for the most severe cases of mental retardation. These institutions, however, provided a negative approach in serving the mentally retarded, by relieving their families of their care and secluding them from the community, rather than giving positive help through special education and training.

When, finally, as a result of many factors already mentioned— increase of the urban population, better medical care for children, decrease in infant mortality, increase of the life-span, etc. — mentally retarded individuals became a «social problem», they were the very severe cases that demanded public attention first, and it was their families, directly burdened with their care that insisted for public programs of care. The severity of the cases that demanded public attention initially, encouraged further the tendency to regard them as medical cases and to provide for them

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1. The National Society for Mentally Handicapped Children, *The Needs of Mentally Handicapped Children*, London: The Millbank Press Ltd., 1962, p. 25.

medical care either as outpatients or as in-patients of hospitals or mental institutions.

The less serious cases, as a consequence of the ignorance and the prejudice that enveloped mental retardation, were more or less secluded by their families, many of which refused to acknowledge the problem till it was impossible to do so any longer. These individuals remained in the family, attended for as long as it was possible the regular schools, and later, efforts might be made to train them at some practical occupation, at home or in shops and businesses of relatives or friends.

The number of mentally retarded persons in Greece is not well known because no reliable statistics exist. However the number of the 4,000 applications for admittance to mental institutions of the most severely incapacitated children submitted to the Ministry of Public Welfare till 1963, is indicative of the fact that the percentage of mentally retarded individuals in Greece is similar to that existing internationally[2]. It is estimated that the total number of the mentally retarded children in Greece must be approximately 40,000.

Until very recently, the existing programs of care and the planning in the field of mental retardation reflected the general attitude towards the problem of mental retardation: consideration of the problem as a medical one primarily, ignoring its educational and social aspects. Consequently no planning for institutions offering overall services and care had been made.

This attitude also stemmed,of course,from the lack of acceptance of the mentally retarded individual and the unconscious tendency to remove it from consciousness in thought and action, both by the individuals who directly faced this problem as well as by the general public.

This attitude must also be understood to grow from the general lack of knowledge and understanding concerning problems of mental health and mental disorders. The possibilities for popular information and education were almost totally lacking in Greece,

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2. Kalantzis, K., *The Education of the Mentally Retarded Child*, Athens 1960, p. 10 (Reprint from the periodical *Education and Life*, February-March 1960).

both in the general field of mental illness as well as in the field of mental retardation.

Similar deficiencies also existed in the field of services to parents of mentally retarded children. The general lack of social agencies and institutions offering case and groupwork services, left completely unserviced the parents of mentally retarded children.

The only existing possibilities for consultation and guidance were those offered by the examining physician, neurologist or psychiatrist, especially at the time of diagnosis. It is a well-known fact, however, that limited time is available to a physician for such services — both at the time of the diagnosis when parents need help in facing the traumatic realization of having a defective child, as well as in the subsequent stages of acceptance and planning for their mentally retarded child.

Except for the existence of one special school only — established in 1937 by the Ministry of Education, in Athens, as a result of the interest shown by the individual educators mentioned earlier— till 1959 only few private schools offered special education to mentally retarded children and some efforts were also being made to provide special training in the Children's Psychiatric Clinic of the General Public Mental Hospital in Athens, where the most severely handicapped children were being placed.

In 1959 a Special Education Section was established in the Child Guidance Clinic of the Mental Health Section of the Royal National Foundation* to be used as a demonstration project of methods and techniques applied in the education of the mentally retarded. The work with parents described in the present volume took place in the above setting.

The experience at the Special Education Section during its four years of operation was that both the special education methods as well as the guidance offered to the parents, had considerable effect on the development of the children and confirmed the belief that both types of service supplemented each other in the total effort at rehabilitation of the retarded children.

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* In 1964 the former Mental Health Section became an independent institution and was renamed «Center for Mental Health and Research». The latter title will be used throughout the text, whenever reference to this institution is made.

The work accomplished and the experience attained during these four years paved the way for the establishment in 1962 of the «S t o u p a t h i o n» Center of Special Education after a donation of the necessary buildings and grounds was made by the Royal National Foundation. The Greek Association of Parents of Mentally Retarded Children — formed initially by the parents attending the guidance groups of the Section — undertook the financial responsibility of its operation in co-operation with the Center of Mental Health and Research which covered certain costs and provided the supervision of its educational program.

The «S t o u p a t h i o n» Center of Special Education is the only institution which offers, at present, special education and training to retarded children generally considered as non-educable, as well as to educable ones. The children attend daily, in developmentally homogeneous groups, different «grades» whose educational program is organized according to the children's developmental capacities, and whose aims are set in terms of general growth and training attainable by the group[3].

Other institutions existing at present are the public Children's Neuropsychiatric Hospital, established in 1960, which provides diagnostic services and short-time residential care for mentally retarded children. In 1963 another institution for emotionally disturbed children, in general, began offering day — as well as residential — care to mentally handicapped children who must have, however, an I.Q. of 60 or above. Finally, two hospitals established outside Athens offer institutional care to very severely mentally handicapped children.

Social work services to parents are offered by the three first institutions as well as by the four Child Guidance Clinics existing in Athens and its environs, the latter, however, concentrating their services mainly at the diagnostic stage.

At the present time, in spite of the substantially increased awareness concerning mental retardation, the increase in special education institutions and schools is not satisfactory.

Many more efforts need to be made by the public and by the

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3. The «Stoupathion» Center for Special Education, The *„Stoupathion,"* Athens, 1964.

private initiative before the mentally retarded individuals and their families can have the care they need and they have a right to receive. We believe that every effort at communicating the experience gained and the results obtained during the practice of certain methods of work in this field can be a contribution to the success of this goal.

In the present publication an effort is being made to present the work accomplished in guidance-groups with parents of mentally retarded children in an effort to emphasize the need and the value of such services to the mentally retarded and their families.

CHAPTER I

The family and the mentally retarded child

The decision to include counselling services to parents in a program for the care of mentally retarded children grew out of the awareness of the crucial role the parents play in the overall growth of their child.

The material that follows is presented as a theoretical background to the group-guidance attempted with groups of parents at the Center of Mental Health and Research. The principles discussed below, on the basis of which our work was organized, were developed from the experience reported having been acquired in work with families of mentally handicapped children mainly in the United States and England, and our own experience of the needs and the problems of the parents who came to the Child Guidance Clinic of the Center in Athens.

A. THE ROLE OF THE FAMILY IN THE DEVELOPMENT AND THE GROWTH OF THE MENTALLY RETARDED CHILD

It is now generally accepted that the process of socialization of normal children begins in infancy and as such the parents are the primary agents in affecting socialization. It is further emphasized that growth — physical, emotional and intellectual — can only take place in an environment that offers love, security and acceptance. Again, the parents or parent-substitutes, are the main sources for the kind of care that can ensure the child of such an

emotionally healthy environment capable to foster healthy development.

Stern, quoting Murphy, Murphy and Newcomb from their book *Social Psychology,* states that «one of the most important things the child ever learns is that he is a person, and .....in this process the influence of the parents is overwhelmingly important»[4]. The crucial element in this process is, of course, the quality of the relationship that develops between the child and his parents, primarily his mother.

He further states: «The converging trends of thought in child psychology, psychoanalysis, social psychology, social anthropology, and psychopathology have contributed to an increasing emphasis on the importance of parents in the mental development of their children. We can no longer distinguish to-day between a «natural» development of the child and said influences ; for the natural development is inevitably a social process in which the more or less permanent relationships with important adults, particularly the parents, play a vital part both in securing the physical survival of the child as well as his mental welfare» [5].

The effects on the total growth of the young child of the deprivation of his parents, and notably of his mother, has been stressed by many authors. The serious handicaps that develop from any prolonged absence of the child from his parents or home environment, has made all social agencies very cautious in recommending a child's removal from his home.

This reluctance, however, has been much more relaxed when the child involved was mentally retarded. The special needs of a mentally retarded child and the great emotional and even physical burden that its care imposed on the family, made all persons responsible for his care more easily accepting to the need for his placement in an institution or hospital.

This acceptance of the institution as the inescapable environment of the mentally retarded child was also encouraged by the

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4. Stern, H.H., *Parent Education, An International Survey,* Hamburg: The University of Hull and the Unesco Institute for Education, October 1960, p. 10.

5. *Ibid.*, p. 11.

belief that mental retardation was an incurable disease, unaffected by any method of care or treatment. Misconceptions concerning the type of care needed, as well as prejudices about the deviations from normal behavior exhibited by mentally retarded individuals also encouraged placement as the indicated type of care.

The parents, themselves, defensively clinging to the idea of the child being «ill» and in need of medical care — possibly influenced by the greater susceptibility of the mentally retarded child to physical ailments — pressed for residential care as the only solution to their problem. Their great need for help and relief in taking care of their defective child also increased their demands for such type of care.

It is accepted, however, to-day, that the separation of the defective child from his mother is as injurious to him as would be to a mentally normal one. In the previously mentioned publication of the National Society for Mentally Handicapped Children it is mentioned that «we have become aware of the harm we have done by abrupt or prolonged complete separation of mentally normal young children from their mothers. We may, without necessarily crediting the severely subnormal child with an equal capacity for emotional response and an equal risk of emotional deprivation, yet be fairly sure that the same principles should apply» [6].

Thurston also stresses the importance of the parent figures for the general growth of the subnormal child : «The attitudes and emotional reactions of the parents of a handicapped child are of crucial importance in planning for his effective treatment and rehabilitation. The emotional reactions of the child and his level of maturity are a reflection of the degree of nurturance, care and security that he derives from the parents. If the handicapped child is overprotected or rejected, this in itself can produce emotional difficulties and behavior problems which are imposed upon the already existing physical or mental disability» [7].

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6. The National Society for Mentally Handicapped Children, *Op. cit.* p. 12.

7. Thurston, J.R. «A Procedure for Evaluating Parental Attitudes toward the Handicapped», *American Journal of Mental Deficiency*, Vol. 64, No 1, July 1959, p. 148.

Thus, not only is the absence of the parents injurious but their presence and active participation in the overall care of the child is indispensable if any development is to be expected.

It is reported that very often the lack of adequate community educational facilities necessitated institutional placement of the mentally retarded child in order to provide him with the necessary training and care. This «solution», however, was judged as against accepted psychiatric principles which do not support the separation of any child from his family «if the only purpose is to make an educational program available to him»[8]. If institutionalization is detrimental to the development of any child, the immaturity — social, emotional as well as intellectual — of the mentally retarded, makes him even more susceptible to its dangers.

The role of the parents in the care and the training of their mentally retarded child should be similar to that played by any parent in the socialization process of their child. It should be however, combined with a network of other services available to them, necessary in their case. Defective individuals need, as children, special schools, from kindergardens to vocational ones — with the emphasis placed on care and education — rather than clinics or hospitals which provide medical supervision. The specialists needed are special teachers rather than doctors and nurses. Residential care should be available for those individuals and families that need it and for such periods of time as it is necessary, with the aim to assist the mentally retarded person to attain, as far as he is capable, overall maturity and return to his own home as early as possible.

The existence of such a chain of institutions would greatly diminish the pressure and the anxiety felt by parents and would allow them to perform their role with a minimum of physical and emotional hardship, to the ultimate benefit of their mentally retarded child.

When the subnormal child remains in the home environment the family can also become an adequate bridge for the integration of

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8. Group for the Advancement of Psychiatry, *Basic Considerations in Mental Retardation: A Preliminary Report*, New York: Group for the Advancement of Psychiatry, Report No 43, December 1959, p. 13.

the child in the community. As with the normal child, it is after the mastering of social techniques within the home that the child can hope to cope successfully in a larger social unit. Certainly no one can hope that severely handicapped children will grow to a socially independent life, but it is equally true, that segregation from the larger community can deny them opportunities for relative independence and an active life.

Life within the community can also hopefully diminish prejudices that grow on ignorance, and which, in turn, inhibit parents from bringing up their retarded children as normally as possible. Stoddard quotes Rosenzweig, «who points out the isolation felt by parents and child, and the community problems which arise when a retarded person is expected to grow in a society geared to normalcy, which may be . . . threatening to him»[9].

Yet, these attitudes can only be combated by actual living experiences. If ordinary people and children, in particular, have never seen a mentally handicapped child in normal circumstances and in every day life activities, they cannot know what to expect and how to behave towards him. Their behavior will be influenced by ignorance and fear. These attitudes can only be replaced by acceptance if they can have the chance to live satisfactorily with people that differ from themselves in appearance and usual capacities. This integration of mentally retarded individuals in the community can only be achieved by the existence of co-ordinated services in the area of residence which would allow parents and families to play their usual role in the care and training of all their children, without undue stress.

Certainly there is no single answer to the question whether any mentally defective child should remain with his family. The answer will have to be based on the particular circumstances of the child and family in question. The age of the child, the ability of the family to care for him, the adequacy of the existing services and their availability to the family, must all be taken into consideration in answering the question. There is no question, however, as to

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9. Stoddard, H. «The Relation of Parental Attitudes and Achievements of Severely Mentally Retarded Children», *American Journal of Mental Deficiency*, Vol. 63, January 1959, No. 4, p. 577.

what the goal should be: it is to allow the child the maximum possible time in the care of his parents and in the companionship of his family and their friends.

B. THE PSYCHOLOGICAL IMPACT OF A MENTALLY RETARDED CHILD ON THE FAMILY

The importance of the parents' role in the development of any child emphasizes the need for a healthy parent-child relationship. In the case of a normal child, other things being equal, it is taken for granted that love and acceptance of the child will naturally be forth-coming from his parents and will form the basis for a healthy and mutually satisfying relationship.

It is probably the very limitations in the capacity of a mentally retarded child to „reciprocate" satisfactorily in all the aspects of the complex relationship and interaction pattern that develops between parents and child, that create grave difficulties in the development of desirable parental attitudes towards their retarded child.

The parents' unconscious conception of their child is a reflection of their conception of themselves. In the case of a mentally retarded child this self-conception receives a tremendous blow. Many authors emphasize the very traumatic experiences that the handicapped child presents to the parents' personalities, and the resulting development of defense mechanisms. Sarason states that the need to avoid wounding their own pride and facing self - devaluation brings forth «misunderstanding and overevaluation of their child's behavior and capabilities» [10]. Worchel and Worchel report Sheimo's observation that «parents' denial of the child's deficiency seemed to be an important element in their defense mechanism and very necessary in the maintenance of their self-esteem» [11].

The same authors mention other writers' observations about parental defenses which include refusal to recognize that certain

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10. Sarason, S., *Psychological Problems in Mental Deficiency*, New York: Harper and Brothers, 1959, p. 340.

11. Worchel, T. and Worchel, P. «The Parental Concept of the Mentally Retarded Child», *American Journal of Mental Deficiency*, Vol. 65, May 1961, No 6, p. 782.

characteristic behavior in their children was abnormal, refusal to recognize the limitations of any treatment, and, sometimes, the abandonment of the child, by placement in an institution [12].

Stoddard emphasizes another cause for the anxiety that is created by the birth of a retarded child: the retarded child accentuates the personal problems of parents by producing «parental feelings of inadequacy and failure in a primitive area of living—procreation»[13]. Connected with this anxiety is the threat to parents' sense of biological integrity implied by the birth of a mentally defective child [14].

The emphasis on accomplishment, present in our contemporary achievement-oriented society, increases the demands parents make on themselves and on their children. Michaels and Schucman express the opinion that the parents' vulnerability of self-esteem «is more readily understood in the context of the neurotic pride of accomplishment and the feelings of fulfilling societal expectations with which many pregnancies become invested» [15].

It is, thus, understood that the very inability of the defective child to satisfy his parents' narcissistic needs produces the latter's negative reactions and creates unhealthy attitudes towards him.

Another source of the parents' negative feelings towards their retarded offspring is the unconscious guilt that is produced by their birth. Slavson describes the importance of the genetic link that exists between the parents and their child, which can be considered as one of the sources of guilt feelings on the part of the parents. Being the direct product of their bodies, and especially that of the mother, «he may be considered by them as often is the case, an extension of the mother's (and sometimes the father's) ego and personality» [16]. This „biologic and organic tie" becomes the source

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12. *Ibid.*
13. Stoddard, H. *op. cit.*, p. 576.
14. Worchel, T. and Worchel., P., *op. cit.*, p. 782.
15. Michaels, I. and Schuchman, H, «Observations on the Psychodynamics of Parents of Retarded Children», *American Journal of Mental Deficiency*, Vol. 66, January 1962, No 4, p. 570.
16. Slavson, S.R., *Child Centered Group Guidance of Parents*, New York: International Universities Press, Inc., 1958, p. 42.

of unconscious feelings of responsibility and guilt, when the child is damaged, especially if the damage is of a permanent nature.

Another reason for guilt feelings is the parents' frustration and exhaustion which ensue from the overtaxing of their physical and emotional strength necessitated by the upbringing of a mentally retarded child. Sarason reports that «when the defective child has been an unusual burden to the parents and a source of keen frustration, it is likely that the parents have had hostile and destructive fantasies about the child, fantasies which in turn engender the reaction of guilt»[17]. Guilt also results from the strained relations that develop between the parents themselves, as a reaction to the stress created by the birth of a defective child. Michaels and Schucman state that «constructive mutual support between the parents is... relatively rare. More often the situation becomes a springboard for bringing to the fore hitherto repressed mutual antagonisms. The growing disparity between the parents then tends to feed upon itself, and within a relatively short period of time, a highly complicated framework of suspiciousness, fear, distrust, hostility and ensuing guilt develops»[18].

In the light of these statements, it is interesting to note G.H. Zuck's observations concerning the special impact of the child's age and the parents' religion on their acceptance of him and the intensity of their guilt feelings. In a study conducted in the St. Christopher's Hospital for Children, in Philadelphia, he observed that Catholic mothers are more acceptant than non-Catholic. This he interpreted «as reflecting the benefit of greater emotional support given the Catholic mother by her religious faith, which explicitly absolves her from a sense of personal guilt in the birth of a retarded child» by transfering the responsibility of its birth to God[19]. He also observed that mothers of younger children tended to be more accepting, regardless of religious background. Their rejection was directed more towards the diagnosis and the persons that became

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17. Sarason, S., *Op. cit.*, p. 357.

18. Michaels and Schucman, *Op. cit.*, p. 570.

19. Zuck, G.H. «The Religious Factor and the Role of Guilt in Parental Acceptance of the Retarded Child», *American Journal of Mental Deficiency*, vol. 64, July, 1959, No. 1, p. 146.

involved in an evaluation of the child, whether they were professionals in appropriate fields or simply friends and relatives»[20].

The feelings of guilt and self-devaluation that are likely to develop in the parents of a mentally retarded child underlie the attitudes towards the incidence of mental retardation that are usually exhibited by parents. The initial knowledge about their child's condition is received with acute shock and disbelief. Then for a long period of time, many of them either continue insistently to deny the condition of their child or become desperate and lose hope for any improvement. Even the most mature parents pass through a long period of great sorrow and disappointment, and for most of them the experience remains always with them as a life tragedy. Acceptance of the fact that the child is damaged appears to be the most severe problem. Dr. L. Kanner, as quoted in an article by M.A. Murray, states three specific types of parent reactions to mental retardation :

a. «mature acknowledgement of the actuality and acceptance of the child ;

b. disguises of reality with search for either scapegoats upon which to blame retardation or the seeking of magic cures ;

c. complete denial of the existence of any retardation» [21].

Interesting insight to parents' feelings and attitudes towards mental retardation is also provided by Thurston's investigation of parents or relatives of institutionalized cerebral palsied, severely retarded patients.

Concerning «their first reactions» all responding parents mentioned having had painful feelings, expressed as «emotional upset», «grief» and «worry»[22]. In «understanding handicap» only 4% of the responding parents said they «understood every-

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20. *Ibid.*, p. 145.

21. Murray, Max A. (Mrs.) «Needs of Parents of Mentally Retarded Children», *American Journal of Mental Deficiency*, May 1959, vol. 63, No 6, p. 1079.

22. Thurston J.R. «Attitudes and Emotional Reactions of Parents of Institutionalized Cerebral Palsied, Retarded Patients», *American Journal of Mental Deficiency*, Sept. 1960, vol. 65, No 2, p. 229.

thing, «the remaining 96% expressing confusion and lack of understanding of some aspect of the situation [23].

This overwhelming majority of parents expressing confusion and misunderstanding, supports, as the author also emphasizes, the fact that powerful defenses develop in the parents when faced with the psychological stress of having a retarded child.

Other interesting results were obtained in the area of feelings and attitudes concerning sharing of their experiences with other parents or with friends and relatives. In both cases, again the great majority of responding parents — 86% in the case of «other parents» and 74% in the case of «friends and relatives» — expressed the opinion that they found talks with such individuals helpful and valuable. Most of them saw the sharing with other parents of mentally retarded children as a source of obtaining personal relief and learning to handle problems, while talking with relatives and friends provided sympathy and understanding [24].

These results seem to conflict, with the commonly held belief and with situations encountered in actual practice that parents of mentally retarded children feel very sensitive and apprehensive about such contacts and would rather conceal from their wider circle of acquaintances the incidence of mental retardation in their family. An explanation of the above results may be the possibility that the parents who responded in this investigation were in the great majority, more mature parents who have had the ability to overcome their defenses and find such contacts helpful. We also believe, from our work experience, that such apprehensiveness exists among the parents i n i t i a l l y, before they have had the chance to have such contacts. They find, however, association with other parents very helpful and rewarding after they were helped to overcome their initial fear and mistrust.

The need for this important aspect of work with parents of mentally retarded children will be discussed more fully in the appropriate chapters later.

In view of the positive effects uninhibited contacts in the community have on parents' attitudes it would appear that every

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23. *Ibid.*, p. 230.
24. *Ibid.*, pp. 231-232.

effort should be made on the part of the community to encourage acceptance and understanding of mentally retarded individuals. Unfortunately observations show that community attitudes, seem to foster rather than allay parents' fears and guilt concerning mental retardation.

Belinkoff reports that considerable difficulties were encountered in locating suitable subjects for an experimental class for young educable mentally retarded children. Specialized clinics and parents' organizations referred children who tended to fall below the IQ requirements for admission. The public schools encountered difficulties in referring students «because of the stigma attached to term, 'mental retardation'» [25]. Social agencies referred least of all, only courts and day-care centers reported «seeing such children». It is interesting that only when the name of the Project was changed to Special Education Research Project did noticeable increase in applications from schools and day-care centers occur [26].

It is a significant fact, that as Margaret Mead saw it in competitive American Society, «a mother may not feel free to love her child completely unless he measures up to his contemporaries» [27].

Thus our contemporary society with its insistence on high intelligence and good appearance places an additional burden on the already psychologically overstressed parent and family of a handicapped child, thus endangering not only the personal emotional equilibrium of the parents and their relationship to the child, but the total family adjustment and the emotional health of its every member.

The present emphasis on working with the total family in the solution of any problem connected with anyone particular member in it, and the importance of prevention of emotional disturbances, places an additional emphasis on the need to understand the impact on the total family of the presence of a handicapped child.

The preliminary report by the Committee on Mental Retardation of the Group for the Advancement of Psychiatry, states that

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25. Belinkoff, C., «Community Attitudes Toward Mental Retardation», *American Journal of Mental Deficiency*, September 1960, vol. 65, No 2, p. 226.

26. *Ibid.*

27. Worchel and Worchel, *op. cit.*, p. 782.

«though little scientific evidence is available as to the quality and quantity of the effect on the family unit of the presence of a retarded child, certain basic principles can be stated» [28].

The pressures created on the marital adjustment of the parents and the anxiety concerning genetic factors have already been discussed. Other problems which affect the whole family are the economic burdens which a defective child places upon the family resources, especially when the financial situation is weak or other problems exist, such as illness or unemployment. Even the families which can bear the cost of the care of a defective child, may have to sacrifice other members' economic and social mobility to do so. Certainly, with the, already emphasized, existing cultural prejudices their prestige and social status in the community suffer.

Another crucial problem faced by the families of mentally retarded children is the need to plan and provide for the life-long care of their defective member, a responsibility which very often has to be shared with the siblings of the retarded individual or other relatives. It is this life-long need of the retarded individual for special services and guidance that makes it so hard on the family to face it alone and places a direct responsibility on the community to provide the kind of services that will permit the retarded individual, as far as possible, to hold a place in normal community life, and thus become accepted as a valued and respected member.

C. ATTITUDES OF PARENTS TOWARD THEIR MENTALLY RETARDED CHILDREN

The presentation of the theoretical background had as its purpose so far to describe the psychological stresses undergone by families of mentally retarded individuals. It is equally important, however, to examine also the effects of these stresses on the behaviour of the parents, as this is exhibited in child-rearing practices, since it is this particular behavior that is attempted to be modified through different methods of work with parents.

John J. Cook, in his review of recent studies on parental attitudes toward child - rearing, reports that «the universe of parental

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28. Group for the Advancement of Psychiatry, *op. cit.*, p. 18.

attitudes..... can be..... described in terms of two orthogonal dimensions»[29]. In his own study on child-rearing attitudes oJ mothers of blind, deaf, mongoloid, cerebral palsied, and organically handicapped, he identifies the two axes as Authoritarian Control and Warmth[30].

His findings indicate that differences in attitudes among mothers exist in terms of the degree of authoritarianism exhibited by them. Mothers of blind children appear the most authoritarian followed by those of mongoloid,cerebral palsied and deaf, while the mothers of the organics appear the least authoritarian[31]. When the mothers were dichotomized into groups of mildly and severely handicapped the latter group were found to be more authoritarian. The author interprets the way in which the groups were placed in the authoritarian continuum as one suggesting that the visibility of the handicap and/or the care needed by the child influence the degree of authoritarianism exhibited by the mothers.

Although the author states that the extent of relationship between attitudes and overt behavior is still undetermined, he supports the opinion, bringing in evidence from other investigations as well, that «perceived inadequacies in a child result in an increase in controlling and interfering behavior on the part of the mother»[32].

Although, as the author states, authoritarian attitudes in child-rearing are not viewed favorably in our contemporary culture, one would agree with the doubt he expresses whether the child's defect allows much freedom and self-dependence in rearing. Our experience confirms the observation that the helplessness which characterizes defective children intensifies the parents' tendencies to dominate or, in another form, to overprotect their retarded children. Still more serious is the possibility that parents' attitudes may find expression in more overtly hostile behavior.Slavson states that «guilt feelings... are also transformed into tension, both of

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29. Cook, J.J. «Dimensional Analysis of Child-Rearing Attitudes of Parents of Handicapped Children», *American Journal of Mental Deficiency*, November 1963, vol. 68, No 3, p. 354.

30. *Ibid.*, p. 358.

31. *Ibid.*, pp. 358-359.

32. *Ibid.*, p. 359.

which are discharged through punishment because the act of punishment transfers the seat of guilt upon the one who is punished. Thus guilt is allayed by the simple act of displacing responsibility from the parent upon the child»[33].

In some cases „punishment" may take the subtler form of an act of institutionalization which then becomes the outcome not of rational evaluation of the particular circumstances but «as if it were equivalent to the fulfillment of earlier hostile and destructive fantasies»[34].

Consequently, in terms of preventing the development of further difficulties on the part of the child, therapeutic intervention in the family attitudes and behavior becomes very important. The adjustment and the overall growth of the child would be greatly facilitated by his positive acceptance by the parents and the other family members. Worchel and Worchel report that «the handicapped child's attitudes regarding himself and his handicap are in major part determined by parental reactions toward the child and his disability»[35].

Stoddard reports of a study planned to measure parental attitudes — in terms of parents' awareness and acceptance of the nature and extent of the child's defect and the reality level with which they view the present and future needs of the child—against the child's level of attainment. Although it is commonly believed that there exists such a relationship and that the realistic expectations of the parents evidenced in an accepting home environment would increase the child's ability to profit from an educational experience, Stoddard reports that in the above study no correlation was found between such attitudes of parents and the growth of the children. However, the author suggests that the lack of such a relationship must be due to the inadequacy of the instruments used, rather than the lack of such a relationship[36].

In our own work with mentally retarded children our experience has been that their performance was directly affected by the

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33. Slavson, S.R., *op. cit.*, p. 38.
34. Sarason, S., *op. cit.*, p. 358.
35. Worchel and Worchel, *op. cit.*, p. 782.
36. Stoddard, *op. cit.*, p. 595.

parents' expectations of them and their insistence for intellectual attainment. The case described bellow is a typical example of such parental attitudes.

George X., a seven-year old boy, with an I.Q. of 61, had highly developed speech but failed completely in self-care, eating habits and general behavior. His vocabulary was exceptional although he had little understanding of many of the words he used. His mother complained about his babyish manners and his constant demands on her. She encouraged him, however, to use very sophisticated vocabulary, taking pride only in this accomplishment and disregarding his being ridiculed by other children because of his parrot-like speech. When she finally accepted the fact that her son could not possibly attend regular school and revised her expectations of him, George was able to utilize his good memory and articulation in more acceptable and useful ways. He was also able to develop more mature behavior, in general.

Certainly, the lack of conclusive evidence concerning this matter suggests the need for further research on the importance of parental attitudes for the attainment of benefits from special education experiences especially by severely mentally retarded children.

Such evidence would also further emphasize the need for effective parental counseling in combination with the educational experiences offered to the children.

D. THE NEED FOR GUIDANCE AND COUNSELING OF PARENTS OF MENTALLY RETARDED CHILDREN

The foregoing discussion provided a full picture of the grave situation in which the parents and the family of a mentally retarded child find themselves, emotionally, socially and economically.

The birth of a defective child and the subsequent diagnosis creates a crisis even in the best adapted, emotionally mature family, and as such requires the initiation of a helping process, which, in the best of cases, it will act preventively and positively towards the best plan for the child, and in the worst, it will minimize the adverse effects of an additional stress in an already disturbed family environment.

Actually the importance of parent guidance and counseling in

cases of mental retardation assumes equal importance to the educational and training programs organized for the children themselves, and is considered a prerequisite for the effectiveness of the latter.

J.L. Lang writes in his article in the *Revue de Neuropsychiatrie Infantile et d'Hygiène Mentale de l'Enfance* that especially for the very young children the special training and re-education will be necessarily given by the mother. It depends on her attitude towards the child how she will accept and apply this training[37]. He adds that if a disturbed mother-child relationship hinders the development of a normal child, in the case of an already injured child the consequences are even more evident[38].

Sarason mentions that mental deficiency and its psychological aspects, in particular, «have suffered from «professional disinterest' an attitude which not only minimizes the complexity of the problem but perpetuates practices which raise more problems than they solve»[39]. The problems faced by the parents must be understood and treated as a part of the total problem situation created by the incidence of mental deficiency.

The „treatment" of mentally retarded children is actually an effort to reduce environmental difficulties and to increase the understanding and tolerance on the part of the people responsible for their care. As such, mental ratardation is a family problem and its evaluation has to include a family diagnosis, as parent counseling has to be a part of the total treatment plan.

Being part of a treatment program parent - counseling must include an understanding of the psychodynamics of the total family situation and through a professional therapeutic relationship counseling must attempt a healthier and more realistic adaptation of the parents to their problem.

This type of counseling should provide the parent with support in facing the situation throughout the helping process, it should share the responsibility for acquiring information for getting

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37. Lang, J.L. «Les Grands Infirmes Mentaux de moins de 6 Ans: Problème d'Hygiène Mentale Familiale», *Revue de Neuropsychiatrie Infantile et d'Hygiène Mentale de l'Enfance*, Avril-Mai 1956, p. 265.

38. *Ibid.*

39. Sarason, *op. cit.*, p. 361.

practical help, as well as for making decisions about the child's future. It should offer skilled assistance in dealing with the emotional stress created in the family and the probable subsequent social and psychological disturbances.

A realistic approach to the problem of mental deficiency must take into consideration the cultural circumstances in which the child and his parents live as well as their socioeconomic situation. Any effective program of care must not be limited to a therapeutic approach to the child and his parents but must also include activities aiming at the involvement of the total community in providing the complex services needed for the success of anyone part of such a program. Experts in the field describe three phases in an effective counseling process. In the first phase the worker helps the parents to accept the disability, in the second he is involved in the making of long-range plans, and in the third he attempts to help parents with their attitudes and feelings about the child. Certainly this division does not imply a strict phasing in time, as all these aspects of work are interrelated in the counseling process. It only helps to emphasize certain distinct characteristics in it.

The initial phase begins with the awareness on the part of the parents that something is wrong with their child. When the medical diagnosis is made, the parents find themselves faced with a crisis, whose satisfactory or non-satisfactory solution will influence the whole period of adjustment to the problem. The role of the professional person in this phase, — preferably the social worker because of training and, usually, longer contact with the parents—, is to intervene in the crisis and, on one hand offer support in order to cushion the trauma received by the parents and on the other to guide them towards a desirable solution of the crisis which will limit as much as possible undesirable concequences.

The period of crisis is also considered very important for intervention, because it is at this time that efforts achieve maximum results and the outcome can be hoped to be successful, while at a later period, an equilibrium has been established and it is much more difficult to effect change.

To achieve an effective influence during this period of crisis a thorough knowledge about the personalities of the parents and the family interrelationships is needed. Since the incidence of mental

retardation is a problem which, as it has already been discussed, affects deeply the parents as individuals as well as the whole family unit, careful appraisal of them as persons and of their relationships in their social environments is needed.

The period of the diagnostic assessment of the child is often suited for such an appraisal of the parents. The opportunity to have regular contacts with the professional people involved in the examination, will both offer them a chance to discharge their anxiety and form a satisfactory relationship on which to base later the cooperation that will be needed, and at the same time will offer the staff, responsible for the diagnosis, valuable information concerning attitudes of parents towards the child, evaluation of the sociocultural climate of the home and the family interrelationships — all necessary for a thorough estimation of the child's abilities and potentialities.

The communication of the diagnosis to the parents should be the beginning of the next phase in which the parents should be helped to understand and begin to accept the disability of their child. It is true that during this period, information concerning the condition of the child and the ways in which his handicap will be treated, will have to be imparted to the parents, but more important is the building-up of a continuous, helping relationship that will assist the parents to make the necessary adaptations in which the needs of the handicapped child, his parents and the other family members will be met over a period of time.

Sarason stresses the ill-effects of inadequate communication between the parents and the professional staff. He says that sometimes the bare fact-giving may accentuate the parents' denial of the fact of mental deficiency, or their reacting in an emotional way. He further adds that «the failure to communicate adequately to parents the nature and implications of a diagnosis of mental deficiency probably causes more unnecessary problems and suffering than any other factor with the obvious exception of those factors which originally produced the mental deficiency»[40].

During this period when considerable practical information and guidance must also be given to parents, it is thought that

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40. Sarason, *op. cit.*, p. 331.

participation in small groups with other parents of mentally retarded children would facilitate on their part the acceptance of the problem and its implications. Further more the influence of group psychodynamics and the sharing with similarly affected people, would alleviate the emotional distress and the anxiety felt by these parents. This method of group guidance is said to be effective, only with parents basically mature and emotionally stable, who do not present any severe neurotic conflicts. In our experience, however, even such basically mature parents profited from the group experience after an initial period of individual interviews and the establishment of a relationship with the group leader. One mother expressed her difficulty this way when partiçipation to such a group was initially offered to her: «I cannot face the realization that I belong there».

The strong emotional reactions to the life-long problem of mental retardation and the feelings that it engenders at the different stages of the child's development necessitates a long period of guidance, whether this is offered in special groups or in individual counseling. Usually both types appear necessary at different periods as the emotional stability of the parents and their ability to cope with the changing needs of their handicapped child does not follow an even and smooth development but presents many fluctuations in relation to the special stresses created in the life of their child by his disability.

Certainly the problem of mental deficiency needs a multidisciplinary approach both at the preventive level, as well as at the therapeutic. The handicapped child and his needs deserve the attention and the efforts of all the scientists whose knowledge and experience can assist in the amelioration of his condition.

However, the help that it is possible to be offered to his parents at this stage of available scientific knowledge is perhaps the best and most effective means of offering the handicapped child the chance for personal growth and development, as well as providing him with a permanent setting in which he can find acceptance and belongingness.

CHAPTER II

The Program of Group Guidance

A. THE AGENCY FRAMEWORK

The group guidance program was initiated in the Child Guidance Clinic which first began its operation in December 1956. It offered diagnostic and treatment services to socially and emotionally maladjusted children as well as case and group work services to their parents. It also provided a Special Education Section for mentally retarded children till 1962. At that time this service was extended and integrated in the „Stoupathion" Special Education Center*.

The Child Guidance Clinic provides a team approach in the diagnosis and treatment of its cases which includes psychiatrists, psychologists, social workers, special education teachers and speech therapists.

The Special Education Section while it was a part of the Child Guidance Clinic functioned on the same general principles that underlay the work of the Center whose aim was to fulfill certain unmet needs in the area of mental health and, also, to permit experimental application of methods and techniques in dealing with problems of mental hygiene in the Greek community.

The establishment of the Special Education Section was decided upon in order to provide the setting for the application of the special education principles and methods to the training of the mentally retarded children, and to show the contribution they can make to the adaptation and integration of the mentally retarded in their social environment. At the same time it aimed at providing some special education and training to a limited number of men-

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* See page 15 in «Introduction».

tally retarded children, as well as case work and group work services to their parents. Its function was mainly that of a demonstration project rather than a service to meet the very extensive needs that existed in the community.

At this point it should be mentioned that the examination of most of the children at the Child Guidance Clinic was by no means the first. Usually the parents had visited a number of doctors, pediatricians as well as neuropsychiatrists, who had made a diagnosis of mental deficiency. It was in very exceptional cases, however, that the child had also undergone a psychological examination or general evaluation of his development. This absence of psychological evaluation was due to the already discussed deficiencies of the existing services but it also reflected the dominant attitude of the medical profession towards mental retardation. The parent was usually given a grim medical prognosis and was supplied with the existing drugs in an effort to alleviate the more burdensome symptoms of the child's condition, very often worsened by lack of understanding and information on the part of the parent about the child's needs and ways of proper care.

Thus the parents who reached the Child Guidance Clinic had, for the most part, lived with the problem for many years and were quite „set" in their attitudes and feelings towards their child.

At the Special Education Section all the children were referred by the Diagnostic Section of the Child Guidance Clinic, after a complete diagnostic study of the child had been made and a decision had been taken at the case conference.

The children usually attended the Section three times a week for hourly educational and training sessions, in groups of three or four.

Both parents were seen individually during the diagnostic phase by the social worker. When the diagnostic study was completed the findings were communicated to the parents by the social worker in a series of individual interviews during which the possible aetiology of the mental retardation, the ways in which the child handled his difficulties and the reasons for his deviating behavior, were explained to them. At the same time help and support were offered to meet the difficulties, both practical and emotional, created by the condition of the child. For those parents

whose basic emotional stability and general maturity permitted the acceptance of the child's disability, this supportive social work, with emphasis on the interpretation and the giving of information about the child's handicap, was effective.

When the parents appeared very disturbed about the child's retardation, unable to accept the diagnosis, and presenting punitive or negative attitudes towards the child, long-term casework services were made available to them. Finally, parents presenting severe neurotic disturbances or very disturbed family relationships were referred for regular psychotherapeutic treatment to the approriate service of the Clinic.

The Group-Guidance program was mainly established to serve the first two groups of parents whose children attended the Special Education Section.

B. GOALS AIMED AT BY THE GROUP GUIDANCE PROGRAM.

It has become evident from the experience gained in working with parents of mentally deficient children in many countries that even the most mature and well-adjusted parent did not escape the severe trauma resulting from his child's disability. These parents as well needed the support and the cathartic experience that counselling with professional personnel could provide. Furthermore, they needed interpretation of the child's handicap in terms of behaviour and general development to be expected from him, guidance in their care and training of the child, as well as information concerning services needed and their availability in the community.

It was obvious, therefore, that if we wished to help the parents of our mentally retarded youngsters, who lacked even basic information concerning the effects of mental retardation on their children's behaviour, a method of work, appropriate to their particular needs, had to be devised. These considerations led to the selection of group techniques, which would offer to the parents a combination of counseling with the very-much-needed educational experiences.

The sharing of information about problems of common interest and the exchanging of insight and advice about the handling of the children, among the parents, was thought that would enhance and

facilitate the use made by the parents of the guidance offered by the leader of the group by limiting the negativism and rejection that may occur in certain types of non-interpretive individual counseling.

It was also hoped that their presence in a group of similarly affected individuals and the support provided by the group interrelationships would make easier the admittance and acceptance of the reality of having a mentally deficient child.

Finally, the establishment of parents' groups was thought to be a step towards the initiation of community action for the establishment of services and institutions for the care and training of the mentally retarded. We felt that the coming-together of parents who faced common problems, could also form the basis for the creation of a formal parents' organization later on. Being aware of the general attitudes towards mental retardation prevailing in the general public this was considered an important and desirable experiment. It was, therefore, gratifying when in the summer of 1960 the first Greek Association of Parents of Mentally Retarded Children was established on the initiative of the parents who participated in the Guidance Groups of the Special Education Section.

C. METHOD OF WORK.

The use of small groups for therapeutic work with adults and children is very well known and widely spread. Group techniques are also often used by agencies for parent education in mental health. Recently such methods are being used in fields of professional education as well, where the emotional involvement of the professional person renders necessary the development of greater self-awareness and self-control.

In parent education, experts have become aware that parental attitudes and feelings are not open to change by the simple communication of information, advice, or child-rearing rules. As a result new methods are being used, which emphasize informal discussion in small groups, exchange of ideas between parents and expert, communication of experiences among parents, or even individual inteviews[41].

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41. Stern, *Op. cit.*, p. 80.

It has been found, in general, that the group situation is conducive to easier acceptance and realistic evaluation of a given problem-situation, provided, always, that the personalities of the individual members can be reached by such methods.

This increasing use of small groups does not mean, however, that the particular methods used and the goals aimed at are similar in all these endeavors. Group techniques range from group psychotherapy to strictly education-oriented groups. The different types can be differentiated on the basis of their aims: therapy groups attempt complete reorganization of the personality; education groups function as sources of information and learning. Guidance groups stand in the middle, as far as goals to be achieved are concerned.

Orville Brim suggests that while the aim of therapy «is to improve the over-all emotional health of the individual... educational programs for parents are limited to influencing their performance in their parental roles» [42].

Neubauer, also, quoted by A. Potamianou, describes at length the differences between a therapeutic and an educational group. He believes that the educational methods «are addressed to the ability of each individual to exercise his judgment, his ability to profit from his experiences, to comprehend, to plan his activities and to adjust to changes» [43]. Although both types of groups have the common aim of combining intellectual understanding with emotional acceptance, educational groups do not attempt basic personality changes in their members, as it is done in therapeutically oriented groups [44].

Gollar describing the dynamics of a parent-education group, states: «...as in the therapy group, communication is on a personal level. But personal experiences are used as a base from which to derive generic implications in regard to children and to parent-child relations, rather than for the interpretation of the individual attitude and behavior of the group members and of their children» [45].

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42. Caplan, G. (Ed.), *Prevention of Mental Disorders in Children*, Great Britain, Tavistock Publications Limited, 1961.

43. Pipineli-Potamianou, A., *Methodical Readjustments in the Educational Experience*, Athens, Center for Mental Health and Research, 1964, p. 32.

44. *Ibid.*

45. Parnicky, J. «Discussion of Papers Presented by Mrs. Stone and Mr. White», *American Journal of Mental Deficiency*, January 1959, vol. 63 No 4, p. 721.

Helen Beck states two goals for group counseling as distinguished from group therapy: «personality reintegration and adjustment to reality. Group processes and teaching methods are combined to afford the individual relief from tension, understanding of children's behavior, and techniques for handling specific problems» [46].

The role of the leader in such groups is described as one which enables the group members to profit from each other's experiences. He may indirectly introduce topics of discussion which he understands to produce strong feelings on the part of the parents and he may be also used as a resource person[47].

In other similar groups, the leader encourages the interaction between the members themselves, allowing them as much freedom as possible in bringing-up material and directing the discussion[48].

In our work with groups of parents we aimed at three different levels of intellectual comprehension and emotional reorientation. As it was mentioned before, the parents who reached the Child Guidance Clinic had extremely vague and confused ideas concerning the child's condition and what it meant in terms of specific needs and attendant behavior. Our efforts, therefore, had to include specific instructions for their daily care and occupation, very often background information on normal child development, as well as emotional support and guidance in understanding their retarded child's personality and behavior.

Because of this extensive need for factual information it was found useful to have two members of the staff present in the group sessions: a special education consultant as an advisor on specific matters, and a social worker, as leader of the group.

In terms of method of work adopted, it meant that sometimes the special education consultant would be asked to present ma-

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46. Beck, H. «Counseling Parents of Retarded Children», *Children* (Reprint), p. 4.

47. White, B.L. «Clinical Team Treatment of a Mentally Retarded Child and his Parents: Group Counseling and Play Observation», *American Journal of Mental Deficiency*, January 1959, Vol. 63, No. 4, p.p. 714-715.

48. Yates, M.L. and Lederer, R. «Small, Short-term Group Meetings with Parents of Children with Mongolism», *American Journal of Mental Deficiency*, January 1961, Vol. 65, No 4, p. 468.

terial to illuminate certain points or questions the parents brought up, to be followed by general discussion among the parents.

As parents became better informed and able to utilize each other, more ,,orthodox" methods of group guidance were adopted.

In his book *Child Centered Group Guidance of Parents*, Slavson states in detail the method and the techniques of this type of group work.

He describes as follows the emotional climate that prevails in a guidance group : «...än intimate group in which parents share with little restraint their thoughts, feelings and confusions and where reigns an atmosphere of good wile and an honest desire to help one another. Presided over by a calm, uncritical and unpunitive leader, such a group incorporates all the best features of a good home and ideal parent - child sibling relations »[49].

Slavson stresses the importance of the parents having similar experiences as regards their children for the greater effectiveness of the group meetings. He believes that the identification among the group members is enhanced and, consequently,sharing and learning facilitated when the parents can discuss common problems and situations[50]. However, homogeneity in social and personal characteristics of the parents or similarity in the degree of disability of the children has not been found necessary in the experience with group counseling reported by Beck[51].

In our groups, as it has already been mentioned, efforts were made to select parents whose children were similar at least in age and area of disability, and our experience was that it did facilitate participation and increased the interest of the parents in the discussion.

Three elements are considered primary in the group guidance process by Slavson: «(1) the subjects for discussion are the children and the way parents deal with them; (2) free participation by all without formality, routines, or organization of the discussion; and (3) the leader is not a pedagogue, an authority or a sole source of information to whom the members have to turn »[52]. These «rules»,

49. Slavson, *op. cit.*, p. 56.
50. *Ibid.*, p. 45.
51. Beck, *op. cit.*, p. 4.
52. Slavson, *op. cit.*, p. 57.

of course, are indirectly applied through the particular and selective intervention of the leader in the group discussion.

As the aim of the guidance group of parents of handicapped children, also, is not the treatment of the parent but his increased ability to handle his child in a way beneficial to the child as well as to himself, the content of the group process here deals again with the conscious, everyday experiences of the parent as he lives them with his child. His own personal needs are met in such a setting by the emotional support that is extended by the group, including the leader, and the guidance that is offered in understanding his relation with his handicapped child.

Also,since the presence of a mentally handicapped child creates certain specific problems in terms of care and planning, group guidance can provide the parent with the needed factual information as well as with valuable insight of his child's behavior.

D. ORGANIZATION OF THE GROUPS

Our basic goal in forming initially the parents' groups was to offer to all the parents whose children attended the Special Education Section, an opportunity for systematic guidance. Consequently, our criteria of selection were flexible enough to permit as wide participation of the parents as possible. At the same time, being aware that major differences in the degree of their children's disability or the existence of secondary handicaps in some of them would interfere with the cohesiveness of the group, we tried to avoid the inclusion of mothers of children afflicted with such severe physical handicaps as defective hearing, spastic conditions or partial paralysis. Such mothers faced quite different problems in their children's care and training and could not readily find common ground on which to identify with mothers whose children's disability was mainly mental.

Consequently parents were selected for group participation whose children's I.Q. ranged from 30 to 70, and who were comparatively free from other secondary physical handicaps.

The age of the children was also considered as a criterion. As basic self-care was necessary in order for the child to attend the Section no children below six years were accepted. Thus

children's age usually ranged from 6yrs to 12yrs. At one time a separate group of parents of adolescents was formed, as this age presented again quite different problems, in terms of care, training and future planning.

Finally the personality structure of the mothers themselves was considered as a criterion for their participation in the guidance group. The necessary personality assessment, on which the decision to attend the group was based, was made during the diagnostic study by the social worker as well as during subsequent individual contacts, which took place if indicated by the diagnostic study.

Usually the motivation on the part of the parent to participate in the group was considered as a favourable indication of her — or his — suitability and capacity to profit from such an experience. Unless it was judged that severe neurotic needs prompted such a desire, or other serious personality disturbances were apparent, parents who expressed their wish to participate, when this was discussed with them, were accepted in the group.

The suggestion to participate in a guidance group was usually made to both parents. However practical difficulties — father's limited available time, difficulties in having both parants attend all sessions, — as well as the very pronounced, culturally-determined attitude towards the mother as being the parent primarily responsible for the care and welfare of the child, resulted in having usually mothers in the groups. However, in view of the findings of a small, recent study concerning the father's participation in the care of the mentally deficient child, it is our belief that more efforts should be made to draw the father in such groups.

Contrary to our expectations based on empirical knowledge concerning the father's role in the Greek family, we found from the answers contained in 31 questionnaires, completed by fathers of mentally retarded children, that their help was quite extensive. The father was found to participate not only in traditional areas, such as discipline and recreational activities during the week-ends, but in all aspects of the child's life. He aided the child in his eating and dressing, in bathing and general grooming and was mainly responsible for the outings of the younger male children. The mother still remained the main person caring for the child, but in the hours spent at home the father was found

to offer significant help. Furthermore, when asked to express his opinion about his role, the great majority of the fathers stated that they were content and did not consider it unatural to assist their wives in this way. We, thus, feel that fathers need the group counseling experience as much as the mothers and should be included in such a program.

The groups met fortnightly for a period of nine months. However, parents might continue their participation in the group for a second year, if this was considered helpful for them by the staff as well as by the parents themselves. During the nine-month period the group remained closed to new members, so as to facilitate identification among the members and continuity in the discussions that took place.

During the first year of the Group Guidance Program, the leadership of the group was shared by two members of the staff: the director of the Special Education Section and the social worker of the Section. As explained earlier this was deciced upon because of the need of the parents to profit from the intimate knowledge that the special education person had of the children and their particular problems and his particular suitability as a resource person.

Both leaders of the group were aware of the possible difficulties that might be created by the increased demands on the special education expert by the parents, as his presence there could emphasize the ,,educational" aspect of the group. However since the educational needs of the parents were indeed very extensive, it was decided that the positive aspects in his participation were more than the negative ones.

Later, this was discontinued and the parents were offered, instead, several workshops in which special education teachers explained to them some aspects of the work performed with the children in the Section.

The parts of the sessions that will be presented and discussed below have been taken from the sequence of group-meetings over a three-year period and a total of fifty-five group meetings.

A general review of the group sessions shows that the subjects brought by the parents for discussion can be grouped in four general categories:

1. The problem of mental retardation; its causes and methods of treatment
2. The effect of mental retardation on behavior
3. The attitudes of the parents towards their mentally handicapped children, their families and the group
4. The need for collective action for the attainment of the needed services in the community

Since these subjects constantly recurred in the discussions and intermingled in all the sessions, it was thought that the selection and presentation of appropriate parts showing the group interaction and processes, would be more advisable, than the inclusion of the total material.

It should be kept in mind that the parts presented here have been transcribed from records kept by the social worker after the end of each group session. As such, they cannot be assumed to present a verbatim presentation of the discussions.

The first group of ten parents — nine mothers and one father — began its sessions late in the spring of 1959 and met only four times before the summer vacations. It resumed again its meetings in October of the same year and continued, with essentially the same membership, for a second year also. During the 1960-61 period only five new members were admitted and one dropped out, due to change of residence. Face-sheet information concerning the parents participating in these groups and their children appear in the following table.

FACE-SHEET INFORMATION

Participant Parent	*Age of Parent*	*Occupation of Father*	*Duration of Group Participation*	*Sex of Child*	*Age of Child*	*Other Siblings* *	*Mental Age*	*Diagnosis*
Mrs. A.	46	White Collar	2 yrs.	Boy	8,8 yrs	Brother, 14 yrs	4,1	Mental Retardation (Mongolism)
Mrs. B.	40	Skilled Worker	2 yrs.	Boy	10 yrs	Sister, 8 yrs	4,7	» » »
Mrs. C.	47	White Collar	2 yrs.	Boy	7,10 yrs	None	2,11	» » »
Mr. D.	39	Skilled Worker	2 yrs.	Boy	9,8 yrs	Brother, 8 yrs	3,11	» » (Encephalopathy)
Mrs. E.	56	White Collar	1 year	Girl	14 yrs**	Brothers, 25 & 18 yrs	5,8	» » (Undetermined aetiology)
Mrs. F.	41	Businessman	2 yrs.	Boy	8,8 yrs	Brother, 7, 6 yrs	5,3	» » (Encephalopathy)
Mrs. G	32	Military Officer	1 yr	Boy	7,6 yrs	Sister 9 Brother 3 yrs	3,0	Delayed general development with speech disorders
Mrs. H.	45	White Collar	2 yrs.	Boy	6,8 yrs	Two sisters 23 & 12 yrs	4,9	Mental Retardation (Encephalopathy)
Mrs. J.	34	Skilled Worker	1 yr	Boy	10 yrs	Brother, 6 Sister, 2 yrs	6,8	Mental Retardation & Behaviour Disorders
Mrs. K.	53	Farmer (deceased)	1 yr	Boy	16 yrs**	None	6,0	Mental Retardation (Mongolism)
Mrs M.	39	Skilled Worker	1 yr	Boy	8 yrs	Brother, 18yrs Sister, 15 yrs	5,9	» » (Undetermined aetiology)
Mrs. N.	37	White Collar	1 yr	Boy	8 yrs	Brother, 5 yrs	5,3	» » with speech disorders
Mrs. P.	34	Military Officer	1 yr	Boy	10 yrs	Sister, 13 yrs	4,10	» » (Encephalopathh)
Mrs. R.	38	Unskilled Worker	2 yrs	Girl	13 yrs**	Brother, 16 Sister, 14 & 5 yrs	5,2	» » (Undetermined aetiology)
Mrs. S.	36	Unskilled Worker	2 yrs	Boy	9 yrs	Brother, 10 yrs	4,5	» » with speech disorders

* All other siblings were reported as having normal intelligence.

** These three mothers of adolescents were included in this group because at the time no other group could be formed. Later a separate group of mothers of adolescents was formed.

CHAPTER III

Analysis of Group Records

A. THE PROBLEM OF MENTAL RETARDATION

The initial spring sessions of the group served mostly as an orientation of the members to the group process and to the educational program that was being offered to their children. The purpose of the group meetings and a possible outline of topics were suggested and discussed with the parents. Some explanations concerning mental retardation, its aetiology and its characteristics as a disabling condition, were also given by the special education consultant.

The advisability of attending regular schools was one subject that parents brought very early to the group meetings, as five of the nine members had children who attended regular schools. Parents asked «is it allright to attend the regular school? My son is slow in judgement, but he learns what he is told.» (first session). Another observed that «at the beginning he could not hold the pencil, he couldn't make an iota. Now, with my help and practice, he can copy letters». (first session). They also complained that they did not know how to occupy them at home, if they did not attend school. A desperate mother told of her difficulties in controlling her son: «I don't know how to keep him off the streets since he does not go to school. I send him for errands but the rest of the time I am at a loss what to do with him». (third session). Other times they realized their vain efforts: «I pay for his private school knowing that it is lost money and that I could use it in better ways». (third session).

As such comments multiplied, the parents' need for specific information concerning the kind of special education needed by

their children and the inappropriateness of the regular school to offer it, became very obvious. In the Sixth Session, the discussion illustrates both the dependence on the staff members for information, which was satisfied for the reasons stated earlier in the text, as well as the parents' defenses concerning school attendance. In their last comments, however, some ambivalence about the regular school is expressed and their awareness of their «makebelieve» becomes apparent.

Also, their greater understanding and appreciation of the contribution made by special education in their children's development, prompted them to take positive steps in order to have the hours of special training offered at the Center, increased.

Sixth Session

Special Education Consultant :* «Many of you have asked us whether your children should attend regular schools. I understand very well your difficult situation. When your child reached school age, you wondered what you should do. Probably someone suggested a special school or a special institution but of course, there are no such facilities available, at present. So, you were obliged to send them to the regular schools. Now, children with light retardation or with some special handicap in speech, writing or reading can advance slowly till the third or, at the most, the fourth grade, because school subjects are simpler in these grades. Beyond that, however, they cannot go. At the same time, the child begins to understand his inferiority and begins to react by being naughty, inattentive, and destructive, and sooner or later, he is obliged to leave school.

On the other hand for those children who present severe mental retardation the regular school is completely inappropriate. Their place is at a special school, which they will attend during the day and which will help them to care for themselves, to develop certain skills and learn of school subjects as much as they are able. This is the accepted method of treatment now in most countries, and we have very encouraging results».

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* The symbols S.E.C. will be used from here on.

Mrs. F.: «So, it depends on the degree of retardation what kind of an education they can get».

S.E.C.: «Yes. Special schools are appropriate for those children whose capacity for development will permit them to be educated to a certain degree».

Mrs. F.: «I have heard that there exist whole towns for mentally retarded individuals in England».

S.E.C.: «Indeed they have organized abroad the so-called ‚communities' for young people who have graduated from special schools and they are ready for work».

Mrs. F.: «Since my son learned to read, he needs much less attention from me. He occupies himself with comics and other stories and I can get some rest».

Mrs. B.: «George cannot read, but he likes to look at pictures. Perhaps if I could send him to a private school something could be done».

Mrs. E.: «It's only in the private school that they can learn something. In the public school there are too many kids in the class».

Mrs. F.: «It makes no difference. Michael goes to a private school, and they have also got many kids».

Mr. D.: «I also send him to a private school, but whatever he knows, he learned at home. He has learned to read and count up to a hundred. One day he quarrelled at school with another boy and he tore up his copy-book. The teacher slapped him and he refused to go again. They tried to put him for a few days in a higher grade because of his age, but I was afraid he might get tired there and I asked them to put him back in the first grade. He promised me he would never be naughty again».

S.E.C.: «Perhaps this example illustrates what we have been saying about the child's reaction when he understands that he can't compete. Of course, I understand your dilloma: You have to occupy the child somehow and the regular school is a necessary evil. It is difficult to decide to withdraw the child. However, regular schools, whether private or public, are not appropriate for our children, although sometimes they may be a consolation for parents».

Mrs. B.: «I try to scold George when he is not doing well».

Mrs. E.: «I do, too. You should see what she does to me. I cannot stand her sometimes».

Mrs. B.: «It's true that saying „bravo" all the time gets on your nerves at the end».

Social Worker: «Of course, they can be very hard on you. Perhaps we can discuss in our next meeting how we can discipline the child, which is, of course, sometimes necessary».

. . . . . .

Acceptance of the fact that failure in regular school work was inevitable came very slowly. Interestingly enough their children's inability to master school subjects was considered by their parents to be the most definite proof of their retardation and, consequently, they clang very strongly to their hopes for school achievement.

By the end of the first year of the group's operation, however, all children whose I.Q. was below 50 had been withdrawn from regular schools. The discussion that follows shows the reactions of a mother who had decided to employ daily a private tutor for her son, at the advice of the Child Guidance Clinic, after a year's attendance at the Special Education Section.

Nineteenth Session.

S.E.C.: «How is Peter doing?»

Mrs. A.: «He had gained a lot here. I wish he could continue for another year».

S.E.C.: «Well, you had wished for more hours of training, which are now possible».

Mrs. A.: «I wish his tutor could give him even more hours. However, Peter seemed more pleased here. He had the other children's company and he had grown used to his teacher».

Social Worker: «It's true that it is hard to get used to a new person».

Mrs. A.: «Well, sometimes he behaves very nicely and gets along fine with his new teacher». She continues that she had been very disappointed when a relative of theirs had visited and expressed the opinion that their efforts were in vain.

Social Worker: «Perhaps this made you also feel whether it was worthwhile trying».
Mrs. A.: «Of course. I try to keep on my feet and such things throw me off».
Social Worker: «Perhaps, you, yourself are not so sure».
Mrs. A.: «I know he has improved. His failure at school subjects does not mean that everything is lost».
S.E.C.: «Does his teacher put all emphasis on reading?»
Mrs. A.: «No. I asked her to teach him the letters, but she did not approve».
S.E.C.: «We cannot be sure that he will be able to learn to read».
Mrs. A.: (with eagerness) «Do you think there is any chance?»
S.E.C.: «In a special school it could be attempted. Perhaps he could have learned, then».
Mrs. R.: «My daughter knows the letters too, but she cannot read».
Mrs. A.: «His teacher also told me that he could gain a lot in a special school».
S.E.C.: «Yes, this is what we also feel. However, since such an institution does not exist, we shall continue as best as we can».
Mrs. A.: «Yes, I am pleased that we do the best we can, but the years pass and sometimes I feel we ought to do more».

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The parents' insistence for formal learning was even geater when the child was mildly retarded. They expressed doubts about the teaching methods employed at the Section and they spoke deprecatingly about the activities in which the children engaged. In the next excerpt a mother, participating for the first time n the group, during its second year of operation, expresses her reervations about the work performed by the children in the Setion.

First Session.

Mrs. N.: begins complaining that while Sam does whatever he is told by his special teacher, at home he refuses to do any homework. When they ask him what he did at the Section, he does not answer. She told her husband to ask him, and Sam only tol him that «he had played with the trains».

(Mrs. N. had discussed her doubts about the educational worth of play, as well as her general lack of acceptance of her son's retardation, in her individual interviews also).

Mrs. R.: (participating for a second year in the group) explains that Helen used to be equally negative at home, while at the Special Education Section she was working satisfactorily. Now, however, she helps her with the household chores and there are some which does totally by herself.

Other mothers: (new in the group) ask interestedly about Helen's age, whether she feels coming here helped her, etc.,which questions Mrs. R. answers.

Mrs. N.: «Sam has already learned to read the cards you gave him. When we question him, he answers «I know them, I know them».

S.E.C. says, smilingly, that he also pronounces correctly now «train», instead of «tain» that he used to say before.

Social Worker observes that perhaps Mrs. N., not being yet acquainted with the work done at the Special Education Center, naturally wonders about it.

Mrs. N. says that in reading and writing Sam does passable work at school, but it is arithmetic that he finds difficulty with. Especially where he has to count backwards. At home he tells them «I don't know» or «I can't». She, herself, believes that perhaps the material is difficult for Sam, but since the school demands it of him, she wonders whether the boy tries to avoid it,in order «to skip the difficult work because he is lazy».

Social Worker asks whether Sam tries also to get away from his reading and writing, or the reading game, that was given to him by his special teacher.

Mrs. N. admits that he is more willing to occupy himself with those and usually he finishes his assigments.

S.E.C. explains that his being in the regular school is not a solution. He attends there only because there are no special schools or special classes in the regular schools. This means that Sam cannot be expected to learn everything that is taught to the other children. He adds that at the Section the goal, at first, is to interest the child in reading and writing, and then, slowly, help him to master these subjects, as much as he can.

Mrs. N. says that perhaps it was a mistake that she enrolled Sam at the age when all children go to school. She remembers how upset Sam used to be when he returned from school. «He used to throw in his bag first, his basket second, and finally, himself». *The other mothers* laugh, amused.

Mrs. N. continues that she also sees the antagonism between Peter and Sam. Both boys attend now the same class, although Sam is a year older and this has made things more difficult. Whenever they praise Peter about something, Sam complains that they always reward *him*, while he doesn't do anything well.

Mrs. P.: «It seems he feels inferior».

Mrs. N.: agrees. She says that they try to praise Sam also.

S.E.C. emphasizes the need Sam has to get satisfaction from his school attendance in order to advance.

Mrs. N. says that she would like to relate something that happened to her today which disappointed her very much. In the bus when she was bringing Sam to the Center she happened to sit next to a teacher who asked her about him. When she explained about the Center, he told her that «she need not exert herself, whatever can improve in the child will improve with time». Mrs. N. says that she answered him that «so many people who advised me to take him to the Center, must know something», but «she, herself, felt very discouraged».

Mrs. P.: «Doctors used to lull my worry telling me the same thing: time will bring whatever improvement is possible».

Social Worker: «I think what you are trying to express is your anxiety about the improvement that can be expected from the children and, perhaps, your wish that they could be cured completely».

Mrs. P. says that she «used to close her eyes to reality» until she saw that nothing could be done and began enquiries which brought her here.

Mrs. N. says that she also thought that a teacher may not know, really, what could help Sam and this is why she answered him as she did. She says that afterwards he asked her a lot of questions about the Center and said he would like to come and see it.

S.E.C. explains that a very complete examination is necessary before anyone can say what will help each child. This is the way

the children are examined here in the Center and decisions are reached about the treatment needed by each child. Casual observation can never be enough for a diagnosis. He further adds that in Greece many doctors and teachers do not know about special education, because such methods have been applied in an extremely limited way, and only very recently.

Mrs. P. says that she did not worry as long as doctors reassured her. Later, however, she saw that her son's condition would not improve by itself.

All mothers agree that «time cannot cure» their children's handicap.

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Misconceptions about the causes of mental retardation was also a subject brought for discussion in the group meetings. Confusion and false impressions created by, occasionally, vague medical diagnosis and prognosis, fostered parental defenses, and encouraged unrealistic expectations on the part of the parents, as the following dialogue in the Eighth Session, shows.

Eighth Session.

Mrs. B.: «...I believe that good food has a lot to do with the child's development. My George was in a terrible condition till six months old because he couldn't eat; we had to open his mouth and feed him, so that he wouldn't die... We even took him to the doctor thinking that something might be wrong with his pharynx. He told us, then, that he would be allright but I would suffer a lot with his upbringing. Now I am giving him brains, fish, befsteak and every thing that helps his development. And I think he has improved and his mind has developed».

Social Worker: «I think Mrs. B. wonders whether George's retardation is due to his feeding difficulties when he was a baby. We should clarify this».

S.E.C.: «Good food does not help retardation, but, of course we can help more a healthy retarded boy. George's difficulties in swallowing were due to his general retardation in motor development which, of course, improved slowly over the years».

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Medical treatment of mental retardation had been a hope held

strongly by many parents. As long as they felt that the complete restoration of their children's mental capacities could only be effected through medical treatment, their grasp on such hopes was as tenacious as their acceptance of the permanence of the limitations set by mental retardation was slow. Even when they were able to recognize intellectually the futility of such treatment, their actual behaviour was determined, for a long time, by their basically unaltered attitudes. At the other extreme, some parents had been quite fatalistic about *any* improvement being possible for their children, and they were ready to stop all effort for their training.

In the parts of the following three consecutive sessions the effectiveness of certain methods of medical treatment was discussed.

It is interesting that although in the Ninth Session the group succeeds in orienting itself towards realistic goals in terms of treatment, in the Tenth Session the presence of Mrs. C., one of its leading but very defensive members, dominated the scene by her determination to seek medical treatment abroad. Later, Mrs. C. did go abroad with her son, with no favorable results, as it was expected. Eventually she became one of the most active members in the Parents' Association.

Ninth Session.

Mrs. F.: «I have heard of Dr. P. abroad, who applies a special treatment. Something about transplanting cells».

Mrs. A.: «I will tell you because I met a doctor who knew about it and explained the whole thing to me. He said that they are having very good results. As a matter of fact they are planning to open a clinic here and apply the treatment too. He has already asked some parents and they have accepted to try this treatment in their children».

Mrs. F.: «Well, I had decided to take him abroad for this treatment, but Dr. C. (a child psychiatrist) told me not to spend money for such things because this was not the appropriate treatment for Michael».

S.E.C.: «What you have been talking about is the so-called treat-

ment of cell-transplantation, in which cells of newly killed animals are injected into the human body which, in theory, are thought to vitalize their counterparts in the human body. However, this theory, is still being experimented upon. Usually experiments are made in cases of very severe mental retardation with gross organic impairments. We cannot talk about it as an established method of treatment and certainly not as a successful one. This is why Dr. C., *Mrs. F.*, suggested that you should not go abroad.'

Social Worker: «It is a good idea to bring to our group what you happen to hear or learn because in this way we can all discuss it and find out what is appropriate and what is not».

Mrs. F.: «Both my pediatrician and the neuropsychiatrist put me on my guard concerning medical treatments and medicine. They said «do not let anybody fool you, *Mrs. F.*, and start medications. This child needs lots of training only».

S.E.C.: «There is glutaminic acid which is usually given in cases of mental retardation. But, of course, although it is given as a help, it does not treat mental retardation».

Mrs. F.: «But six pills a day? Aren't they too many?»

Mrs. E.: «My child used to take eight in the beginning, a total of 240 in one month. Other doctors did not approve, then she did not want to take them and I stopped giving them to her».

Mrs. F.: «Michael has never taken any pills. I think it is nerve-racking to take pills two or three times a day».

Mrs. E.: «Dr. Q. told me that blowing into the brain might help but our regular doctor does not approve of this method. I don't know what to do».

S.E.C.: «It is a method that it is used for diagnostic purposes primarily, but it has some therapeutic effect, in some cases. Your doctor may not approve of it, because it might also be dangerous».

Mrs. E.: «I don't want it then. But we always come back to the pills and we fill our houses with boxes of them».

Social Worker: «Could it be that sometimes parents are quite demanding and insisting that the doctors prescribe some medicine? It is natural because they are so very anxious about their children».

Many mothers agree that it is a consolation for them.

Mrs. E.: «When the right medicine comes along, we will be gone».

Social worker: «Yes, it is very disappointing that there is no medical treatment available. But can't we hope that with special education and training we can really help our children?»
Mrs. F.: «What can we say? We do hope that something new will happen, a special school or, at least, that the hours here will be increased».
Mrs. A.: «I believe that we should try to have the hours increased here, at first. So, every one here to-night should sign our petition to the Executive Board after our meeting is over».
. . . . . .

Tenth Session

Mrs. C.: «I was absent last time, but I heard that you had talked about the treatment of mental retardation and that it was said there is no treatment. What about glutaminic acid?»
S.E.C.: «They do prescribe it still. It had been called ,,food of the brain" but it has not achieved the results that were expected».
Mrs. C.: «But I have heard foreign specialists recommend it and Dr. P. with whom I have corresponded, said that I would see some improvement but not complete cure».
S.E.C.: «The doctor you mentioned uses the method of cell transplantation, not glutaminic acid. It was this method that we talked about last time and said that it could not help your children».
Mr. D.: «My boy takes glutaminic acid five years. The doctors say it is good for the mind».
Mrs. C.: «Yet we know of many people who were cured abroad while they could not be helped here. Look at case B. (a boy with eye cancer that was operated in Sweden and had received publicity in the newspapers). We hear of such things and want to try abroad also. Of course, our hopes are very slight, but can't we not try?»
S.E.C.: «Of course you feel you have to try. We, on our part, wish to help you to make the best possible decision».
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Eleventh Session

At the beginning of the session and at the request of the members, the Special Education Consultant summarized briefly the discussion held during the two last meetings. Concerning the subject of medical treatment he explained that such methods are still being experimented upon. As far as cell transplanting was concerned its results were not encouraging, especially in regard to our children.
Mrs. F.: «Good. I am glad I know now, because when we first heard about it, we became very excited». She asks whether the treatment can also be harmful.
S.E.C. explains that there have been no harmful effects.
Mrs. F.: «If I knew that there could be even a 5% improvement, I would sell some property I have and I would go abroad».
S.E.C.: «If there was something positive in terms of treatment, we would certainly inform you».
Mrs. F.: «Yes, we should be aware that we are dreaming». She mentions of research going on on other diseases, for which no complete treatment has been found as yet, such as cancer.
S.E.C.: «Of course, science advances everyday. No one can know what other successes it may achieve».
Social Worker: «Perhaps we should turn our attention to how we can help our children at present, with methods that are known to us and could become available, such as special education and training».
Mrs. B.: «When George was examined in the X. Clinic they said there was no treatment; whatever nature could do, would do; everything else would be pure exploitation».
Mr. D.: «That's what Dr. P. told me also; he said I can't change his mind and nobody else can change his mind; leave him as he is».
Social Worker: «Well, what do you think from your own observation of your children?»
Mrs. B.: «Well, it's true Dr. A., on the other hand, did explain to me the kind of training the child needed. He said it would take time, that I should be patient. Now, since he has started coming here, he begins to recognize letters and to form words».

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B. THE EFFECT OF MENTAL RETARDATION ON BEHAVIOUR

As the parents obtained more information and became cognizant of some basic facts concerning mental retardation their interest began to shift from the general questions concerning mental retardation to the specific behaviour problems they encountered in their every-day life with their children. The Social Worker was able to direct the parents' attention to their own observations about their children and to encourage interaction among the members.

The subjects covered included a great variety of problems: self-care and socialization, ways of occupying the child and of disciplining him, handling his negativism and helping him in his relationships outside the family.

Although the emphasis was placed in understanding the particular behaviour and finding ways to handle it, the members were also helped to recognize the role played by their own attitudes in the particular behaviour exhibited by the child.

In the transcribed parts of the following six sessions, a greater sensititivity to the difficulties a handicapped child faces is apparent on the part of most of the parents, with the exception perhaps, of Mr. D., the only father represented in the group. His pronounced rejection and punitive attitude towards his son could also perhaps be explained by the closer identification traditionally existing in the Greek culture between father and son, which in the case of a mentally retarded oldest son, doubly frustrated the father's narcissistic needs.

Twelfth Session

The parents talk among themselves and complain that their children interfere constantly in the discussions of the adults.
Mr. D.: «Nick cannot stop talking».
Mrs. B.: «George takes part in our discussions also».
Social Worker: «Why do you think this happens?»
Mrs. B.: «Because of love for the others?»
Mr. D.: «He wants to say ‚Iam here, too'».
Social Worker: «You mean he wants your attention?»
Mr. D.: «He wants to be the only one talking. When we interrupt him, he complains: ‚Why, don't I have a mouth, too?»

Social Worker: «Do you interrupt him often?»
Mr. D.: «No, but... he talks constantly».
Mrs. E.: «But what does he say? He talks incoherently... or...?»
Mr. D.: «Usually he has his own „arguments" or he talks about things that happened in school, etc».
Social Worker: «What do the other parents think?»
Mrs. A.: «When we do not pay attention to Peter, he cries and gets upset».
Social Worker: «Why do you think this happens?»
Mrs. B.: «Perhaps he wants us to keep busy with him, because we love him».
Mrs. A.: Assents to this.
Mrs. B.: continues that when her husband came back from a trip, George showed great joy and his father was very moved. He said «after all, he is not mean, he is innocent».
Mrs. E.: «Poor things, actually this is their illness. They cannot judge».
S.E.C.: «Do you think they want to draw your attention because of that?»
Mrs. A.: «You mean that they are afraid of being put aside, because they are retarded?»
Mr. D.: «Perhaps because I often scold him, he wants „to be clever," to show that he is all right, that he improves, this is why he interrupts into our conversations».
S.E.C.: «Well, what do you think of scolding?»
Mr. D.: admits that it is not a «good measure» and that it does not help the boy.
S.E.C.: «What other measures can we use?»
Mr. D.: says that he mainly tries to reason with him but sometimes he has to resort to other methods «so that we can talk about our affairs also». He agrees, however, that the boy needs to be given a part of their attention and interest.
Social Worker: «Well, it is true that the children are hard on you many times.What it was said, however, to-day was very interesting. Mrs. A. suggested that the children may feel unwanted, and Mr. D. said that they need their parents' attention and acceptance. This is something you may want to think about».

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Fifteenth Session

Mr. D.: introduces the subject of toilet-training saying that he would like Nick to be able to go alone to the toilet. He always runs to his mother to take his pants off. He describes the scene in an humorous way and the other parents laugh. He says he insists with Nick that he should be able to do it alone. When he was his age he was doing serious work. Nick argues that he helps in the house.

Mr. D.: says that „real work" is to work in a shop. But his son «doesn't even want to take his pants off».

Social Worker: «Doesn't he want or he cannot?»

Mr. D.: (smiling), «I guess he cannot. But I press him so that he won't think he can have it easy».

Social Worker: «What do the others think?»

Mrs. A.: «I am sure his mother must have shown him how, but it is difficult for him to learn». She explains her many efforts until Peter could do it alone.

Mr. D.: describes laughingly his son's unsuccessful and at the same time funny efforts to wear his jacket. He concludes: «What shall we do, shall we cry or laugh? Better laugh».

Social Worker: accepts that parents sometimes feel desperate, sometimes angry. She suggests that parents may have better results in teaching their children self-care by showing them very concretely how to do things and simplifying movements as much as possible.

Mrs. A.: «Yes. One should do it very calmly, in a simple way and many times».

Mr. D.: «When I suggest to him that he should try, he says 'you want me to make a mess and have trouble afterwards'?»

Social Worker: «Could it be, then, that his fear of „having trouble" if he fails, prevents him from trying?»

Mr. B.: (somewhat surprised), «Well, yes, I had not thought of that. Perhaps he is afraid to try. I wonder about his saying ‚we shall have trouble,' could he mean that he is afraid of me? That I will scold him?»

Social Worker: «What do you think?»

Mr. D. and Mrs. A., both agree that the children „understand"

how their parents feel about them and what behaviour to expect from them.

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Twenty-first Session

While waiting for the group to assemble, parents talk about their summer experiences and the problem of having the children at home all day. An emphasis for the need for special services is observed in their discussion.

Mr. D.: «My problem is how we should behave towards our children. Because if we behave badly, we only succeed in increasing their negativism. We have learned here that everything depends on our behaviour and I have also observed it in my son, that the best medicine is appropriate handling from our part».

Mrs. B.: «If I scold George, he sighs all night and then I start regretting it and I get upset».

Mrs. K. (new member): «It's the way one scolds a child. Children mind the „tone," not the words».

Social Worker: «You mean it is how you feel, they mind?»

Mr. D.: «One should punish, but calmly, not when one is angry».

Social Worker: «Why do we get upset, what is it that makes us angry with our children?»

Mr. D.: «Well, it is our indignation. Why should our children wet themselves? That is, why should our child be retarded?»

Social Worker: «You are upset because your child is retarded and then you get angry when he cannot control himself. Shall we see why this happens?»

Mr. D.: «You mean that we should expect failures from our children?»

S.E.C.: «Your children are at an age when they have mastered toilet trainging. However, their control is not as powerful yet, as it is in normal children. It is thus easier for our children to lose this control, when, for example, they become scared, or exert themselves too much, or when they are sick».

Mrs. A.: «You mean that their nervous system functions less adequately?»

S.E.C.: «Yes, and any kind of influence or difficulty upsets their functioning much more intently than in normal children».

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Twenty-seventh Session

In this particular meeting the frustration felt by Mrs. B. and Mrs. A., (both having mongoloid children), in their contacts with other people, found expression in their aggressive remarks towards Mrs. H. (new member during the second year of the group's operation), who having a less obviously subnormal child, had less need to be defensive in her social relations. Their ambivalence concerning their children can also be said to be mirrored in their projected fears on the other parents, on one hand, and in their ironic remarks to them, on the other.

In accordance with the principles adhered to in this particular group-work method, no attempt at interpretation was made. It was felt that the indirect acceptance of their ambivalence helped their moving towards more helpful social behaviour.

The discussion begins with *Mrs. A's* complaint about other children's attitude towards Peter. She complains that other children «are cruel», they do not understand what it means for the retarded child their refusal to play with him, their curiosity, their jokes etc.
Social Worker: «Perhaps this is a matter of concern to other mothers as well».
Mrs. B.: agrees. She says there is a child in their neighborhood who is continuously pestering George. She has a very hard time with him.
Social Worker: «What do you think one can do?»
Mrs. H. talks about her own efforts to be agreable with the other children so that they can be friendly with John. She lets them come into her house to play, although «they tear the place down».
Mrs. A. observes that the problem begins with the parents. They hesitate to let their children play with mentally retarded children because «they are afraid, they think it is harmful».
Mrs. B. says that she overheard the parents of the boy who pesters her son say that «if they were the parents they would put him in a mental institution».

Mrs. H. says that «what is needed is community education. Many parents do not know anything about mental retardation and we should be willing ourselves to talk and explain».
Mrs. A. says that when they moved to the suburbs, their next-door neighbors came to visit. When they saw Peter, they never came back nor did they let their daughter play with him. She says that they did not pay back the visit.
Mrs. H.: «You should have gone. This made things worse».
Social Worker: «It is true that one feels quite sensitive and that makes it hard».
Mrs. B. says that when they stare at them in the street, she stares back and tells them smilingly «you better look ahead, you may fall,» but «inside I feel hurt and tremble with indignation».
Mrs. H. says that many times people have stopped her in the street, giving her advice about John's overweight. She very politely asks them «are you a doctor, perhaps?»
Social Worker: «It makes you feel better talking back to them».
All mothers say that «they need it», «gives vent to their feelings».
Mrs. A. says that she can partly understand other people's reactions; they see something strange that scares them.
Mrs. H. says that this is why she believes talking with other parents helps; she adds that she «even went to some disrepectable family to straighten out some trouble in which John was involved».
Mrs. B. (sternly) says that she «will not bow to anyone. He will play with whom ever likes him. Others can stay away».
Mrs. H. explains that she «did not bow, but would sacrifice anything to make John's life smoother».
Mrs. A. (a little annoyed) «Well, these people are right, to some degree. It is natural to be afraid that our children may hit or injure their children».
Mrs. B. agrees. She relates that George used to come ashambles from school, but the other children also complained that he pulled their hair.
Mrs. A. adds that when Peter was attending a private school other mothers were complaining to the Director that their children imitated Peter's mannerisms, «until I had to take him away».
Mrs. H.: «Well, I don't know. I believe it's our problem also.

How we feel». She relates that in the beginning when the school-bus came to pick-up John, the other children were laughing and joking. She spoke to the driver, and he gave the good example by smiling and greeting John first. The other children soon followed and now «it's all right».

Mrs. A. (sarcastically): «Well, don't be optimistic so soon. Wait and see».

Social Worker: «It seems to me from what has been said so far that there are two sides to the problem. One is that many people, our neighbors and friends, may not know much about our child's condition and this creates difficulties. Then, of course, it is how we feel about our own child and how we behave towards other people. Perhaps what Mrs. H. suggested can be a help for the first difficulty. But it will also depend on our feelings and how we can handle them».

Mrs. A. says that she has observed that people of better educational and social level feel differently about mental retardation. She suggests that sermons in the church could be a means of informing large groups of people.

Mrs. H. also suggests that community education could be attempted through the radio, talks to women's organizations, etc. Such things could be undertaken by the Parents' Association.*

Social Worker says that these are excellent ideas, suggests that they could continue this discussion at the next meeting also.

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Thirty - first Session

The group discusses activities with which they can occupy the children at home.

Mrs. C. says that what concerns her most is Chris' negativism which makes it difficult for her to find a way to occupy him. «At home he refuses every thing, while at school...»

Mrs. H. says that once when John was angry and refused to do

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* The Association of Parents of Mentally Retarded Children had been formed in October 1960. See also p. 88.

something she had asked of him «it was enough to suggest Mr. Z's name». (John's special teacher at the Center).
Mrs. F. agrees that Michael also doesn't do many things «because of negativism». She relates her difficulties in getting him to eat by himself.
Mrs. H.: «Why don't you let him get hungry? He will starve and he will eat».
Mrs. F. (slightly disapproving) «I cannot do that. On the other hand I want... to get it over with, to be free».
Mrs. H.: «If it is so... You cannot be in a hurry if you want Michael to learn to eat».
Mrs. A.: «It is true that many times our attitude spoils the children. Sometimes we are in a hurry, other times we get tired...»
Social Worker: «If you remember, our conversation began with Mrs. C's observation about Chris' negativism. You are now saying that your own attitude may have something to do with it».
Mrs. H.: «It is *we* that need education».
Mrs. B.: «Can we change at our age? We will always be ‚retarded' ».
Mrs. H.: «For our children's sake, we must. We must let them freer. To develop their own initiative».
Social Worker: «Don't you think your awareness that your attitude is important is already an important change?»
Mrs. F.: «Unfortunately it isn't only the mothers who deal with the children. There is the husband, the grand-mother...»
Mrs. H. relates her husband's liking in rocking their babydaughter's crib, in spite her advice «not to spoil her». When the baby started crying everytime she was not rocked to sleep «she let *him* put her to sleep».

The other mothers laugh.

Mrs. F.: says that she finds Michael more cooperative when his father supports her in her efforts. She brings as an example that Michael refuses to take his vitamins unless the father insists that he does also. However, he seldom speaks up, and Mrs. F. remarks that she only tells him «you are afraid of losing strength by opening your mouth». She adds that she doesn't find it helpful to quarrel with her husband.

Social Worker remarks that the constant care of a retarded child certainly wears them out.
Mrs. F.: «I have heard a psychologist say that even the best mother would need a teacher as a collaborator».
Mrs. H.: «It's the continuous vigilance that wears you out and finally gets on your nerves».
Social Worker: «I believe we came to some very important conclusions in our discussion so far: first, our own feelings and attitudes have a lot to do with our behaviour towards our children; And second, our children also need a specialist's help for their training and care."

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Thirty - sixth Session

At the beginning of the meeting *Mrs. H.* suggests that the group continues the discussion on the socialization of the children that had been started in one of our previous meetings.
Social Worker asks Mrs. H. to tell us what particular problem she has in mind.
Mrs. H. describes John's hesitation to play with other children, his selfishness when he is in a group, and, worst of all, her worries about his refusal to go to the kindergarten.
Mrs. A.: observes that the difficulties may be due to the child's inability «to keep up with the other normal children». She says that other children mind having Peter spoil their game of hide-and-seek which he cannot understand completely.
Mrs. H. says that John's difficulties are his baby-manners which make other children laugh at him, or leave him out of their games. She asks how he can be helped.
Mrs. B.: «What can be done, if he is born this way?»
Social Worker suggests that the group could perhaps discuss ways of helping a handicapped child mix with other children. She reminds different examples discussed in previous meetings, such as training in certain routines and social manners, mixing with few children at first, etc.
Mrs. A. says that the group had also discussed that it is important for the parents to prepare the ground before the child begins to

have social contacts. The parents of the other children should be informed and also the children should have explained to them in a simple manner some of the difficulties a handicapped child faces. The proper selection of games and toys is also important. She concludes, however, that «perhaps, in spite all these efforts, all difficulties will not be surmounted».

Social Worker emphasizes the fact that training will help in utilizing all existing capacities of the child but will not alter the limitations imposed by the mental retardation.

Mrs. H. compares her normal daughter at younger ages, with John, and says that her daughter even then was more adequate in many ways.

Mrs. A. explains that development does not have the same rhythm it has in a normal child, nor will it be completed in the handicapped child.

Mrs. H. accepts this explanation. She says that she «understands the situation much better now, but her understanding disappoints her». (These words are said with a melancholic smile but in a calm way).

Mrs. A. (nodding her head understandingly) says that sometimes «we, parents, increase our problems». She goes on to say that they create expectations in their children which would not exist if, they themselves, had not in the first place started them. She explains that she had always insisted on Peter's wearing shirt and tie when going out; now she is having trouble with him when she cannot satisfy his wish.

Mrs. S. agrees saying that she has observed the same thing with her son and she tries «to make things for him as simple as possible».

Mrs. A. adds that the simpler she dresses him the less expectations she has for cleanliness, orderliness etc. and thus less chance for trouble and worry.

Social Worker asks if the observations stated by Mrs. A. and Mrs. S. have helped Mrs. H. in her difficulties with John.

Mrs. H.: «You mean that the problem is mine?»

Social Worker: «What do you think?»

Mrs. A and *Mrs. B.* agree that perhaps parents «put their ambitions too high and then they get disappointed».

Mrs. H. says that she didn't think she pressed John too much,

she thought she was only «encouraging» him.
Other mothers laugh understandingly.
Social Worker agrees that it is difficult to see these things clearly. It takes time.
Mrs. H. says that this is certainly something to think about.

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C. ATTITUDES AND FEELINGS OF PARENTS

The incidence of mental deficiency aroused in our group of parents feelings similar to those described by other writers. Fear of something unknown and incomprehensible to them, despair, disbelief and anger for their «misfortune», apprehension about other people's feelings and attitudes towards them, were the sentiments mirrored in the subjects brought and the discussions held in the group. It is noteworthy that the parents felt soon able to bring to the group aspects of their children's handicap that worried or frightened them and to discuss them freely there.

One important observation was that the parents' defenses concerning their children's handicaps mostly took the form of high expectations from them in all areas, such as hopes for scholastic achievement, expectations of mature behaviour and successful social relationships. The consequence of this was the exercise of pressure on the children, with ensuing results extreme negativism on their part and serious behaviour disturbances. The children's failure to respond satisfactorily to these expectations was handled with punishment and anger, on the part of the parents, which then brought forth remorse, despair and strained relations between the spouces and the other members in the family.

In accordance with the group techniques followed in the meetings, interpretation of the parents' feelings was attempted only in order to explain their relation to the attitudes and behaviour exhibited towards the child. The same treatment was followed in regard to personal problems brought to the group. Such problems were primarily those existing in the spouces' relationship, but these were also discussed only in relation to the children and their handicap.

The present selection of parts of the group sessions does not

by any means imply that these were the only ones where such subjects were discussed; in the parts already presented, although the intention was primarily to show the misconceptions and the general lack of information about mental retardation our parents had, the underlying feelings were always apparent. The parts now presented have been isolated only in order to illustrate some aspects of the parents' feelings and attitudes more clearly.

Seventh Session

S.E.C.: «Mrs. E, you were saying something about Eve, just before we started».
Mr. E.: «Yes, about spanking her. I don't know what else I can do. She is a girl, and rather developed for her age. She wants to go out, but I do not let her. She is a little bit forward and I am afraid. She teases other children and she becomes very annoying».
Social Worker: «Where does she ask to go, Mrs E?»
Mrs. E.: «Well, there is a lady next door, who likes her and wants her to go to her house, but I do not let her go often because I am afraid she may be troublesome. A few days ago this lady had a birthday party for her child and she had invited us. I let Eve go alone. After the party our neighbor kept some relatives' children only, for dinner. Eve was furious. I explained to her why she were not invited to stay also. I asked her if the other children had made the fuss she made for not staying».
Social Worker: «Would it have helped if you had gone with her?»
Mrs. E.: «Her father said that also».
Mrs. F.: «This is what you should have done, since the child is in this condition».
Mrs. E.: «I try to avoid going with her because when I see her being naughty I get upset and I spank her».
Mrs. F.: «We should let them go only to relatives' homes. In places where we know they can tolerate their behaviour».
Social Worker: «What does your neighbor say? How does Eve behave there?»
Mrs. E.: «She behaves well, I guess. And many times my friend scolds me when she hears me shout at her or spank her. But she exasperates me. You know what she tells me? She says the wants to get married».

Mr. D.: My son often refuses to go to school. He only wants to come here. When he is at home he quarrels with his brother. My wife gets angry and shouts at them. Nick sometimes looks at her calmly, sometimes shouts back. Many times I argue with my wife to keep her temper. I tell her «I know you are right, but I get even more irritated and, yet, I don't know how I find the strength to keep calm».
Mr. F.: «Only God gives us strength».
Mrs. D.: «It is true that I also beat him, but I know we must try to keep our temper».
Social Worker: «I know that your children are very trying sometimes, especially for the mother who is constantly near them».
Mrs. E.: «And then there are the other children, wanting exactly the thing she wants. They don't give-in an inch».
S.E.C.: «Yes, their brothers' and sisters' attitudes can be another problem».
Mrs. E.: «My older son avoids Eve, because of the way she behaves. He refuses to take her out».
Mr. D.: «My sons quarrel constantly also».
Mrs. C.: «I think it is because they are ashamed. I know a family who has a retarded child and they never take him out. Both parents and the other children are ashamed. I always take Chris out. I don't care what people may say. I take him where it pleases him most. He likes music very much. We go and sit at the Park, as near the Orchestra as possible. How can I feel ashamed when it would mean to deprive my child of a pleasure I can offer him?»
Social Worker: «Understandably, however, these are feelings many parents share, and it makes life very hard for them».

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Twenty · eighth Session

Mrs. H.: «To-day I had a very hard day. John's kindergarten teacher told me he should probably go to a special school next year, and it felt like... a cold shower. (Mrs. F looks at her understandingly and smiles). Because I saw certain improvement, I wanted to... stretch it and make more of it, and thus I hoped. To-day, when I came back from school, I told my husband that if

he gets sick I will let him die, although I struggled for his life when he was born. Perhaps, though I may not really mean it, because I still hope».

The group is quite shocked, and certain disapproving exclamations are heard, but the atmosphere is neither negative nor rejecting towards *Mrs H.*

Social Worker: «We understand how very disappointed you were to-day, Mrs H».

Mrs. F.: (very intently relates her own feelings when, once, Michael became ill). «I suffered very much. It seemed terrible that I would lose my first child, although I could have others. If he had died, I would lose my mind; however, it has been a struggle to raise him. And now he is a grown boy»! (with a satisfied tone).

Other mothers assent. Most of them agree that, in spite the difficulties they face, they get a lot of satisfaction from their retarded children.

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Shame of having a defective child and fear of what its birth meant and how it could be explained to others were very often expressed in all groups. Fears also took the form of anxiety and apprehension about the child's well-being and resulted in over-protection and restriction of his movements and contacts.

In the *Thirteenth Session*, Mrs. F. expresses her opinion that «a mother cannot trust to let her child freer. She is afraid that something may happen to him». She herself admits that «I feel I have to keep an eye on him constantly. That I must not leave him alone». Other parents said that they were afraid the children may be led away or be sexually attacked. In the same session as above, Mr. D. related his feelings when once, during carnival time, Nick following some masqueraders had wandered off a bit from his house. His father, unseen, had anxiously followed him and he had been relieved to see that nothing happened and Nick had even found his way home alone. It is interesting to note that although this could have been a rewarding experience as well, Mr. D. remembered it only as an extremely anxiety-provoking one. Other actions, such as crossing a street successfully, caused the same negative reactions and anxious feelings on the part of the parents.

Although such feelings were also understood to spring from unconscious wishes for the child's destruction, they were accepted in the group as having some realistic basis, since the children were really in need of protection. On the other hand, the parents were guided to exercise their judgement as to how much danger the children could be exposed to, without harmful effects to themselves or to others, so as to benefit from such learning experiences. The parents came to see that freedom in movements and social contacts, in known environment and under normal conditions, would greatly favour the children's development.

Forty - second Session

Mrs. H. relates the difficulties she encounters with John. She says she feels «very anxious and disappointed». When encouraged to give specific examples she says that John does not obey her at all, anymore. He continuously refuses to do what she asks of him. He does not want to work with the materials she has bought for him. She feels he has «regressed». She explains that she used to «discuss with him, explain logically, and he listened to me, now he doesn't anymore». Very animatedly, she related John's behaviour at a children's party. He had asked to play on the piano, and, although she tried to avoid it, their hostess opened it for him, with the result that they could not tear him away when it was time to leave. When she finally pulled him away he was screaming so, that she had to «clasp his mouth shut so hard that his teeth bled».

Social Worker: says that she must have been quite upset.

Mrs. H.: nods, says that «now his retardation is obvious». People understand now, while before they never suspected that there was anything wrong with John. The same thing is happening with the children. Older kids tell him things and he gets frightened, or they tease him and laugh at him.

Social Worker: observes that she herself is perceiving more clearly her son's retardation and this naturally uspsets her very much.

Mrs. H. admits that «since summer she has felt very exhausted» and now things are becoming worse, perhaps due to her own anxiety.

Social Worker asks whether last summer's decision that John could not go this year to school hasn't been at the bottom of her exhaustion and present anxiety. John's staying at home, now, all day, has probably tired her physically, also.
Mrs. H. accepts that «not going to school was the first sign that he is now left behind» but she denies that John has tired her. She adds, however, that «if she could afford househelp, it would have been a relie»f.
Mrs. R. says that Helen is very difficult to handle when she becomes obstinate. But lately she occupies herself with household tasks, and they do not have the old problems. She feels that with time and patience things do get better.

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Lack of understanding of the kind of pathology manifested in mental retardation also gave rise to frightening thoughts. In the following excerpt a mother relates a very frightening experience she had while shopping with her mongoloid son.

Eighteenth Session

In the middle of the session, *Mrs. B.* very anxious, says that she would like to say something.
Mrs. B.: «I don't know if I should say it, but I will. Few days ago, we were looking at a shop-window, where they had an advertisement with a live monkey. When the monkey saw George, it became animated and began grunting and jumping. I was terribly upset. Why did that happen?»
S.E.C.: «You were afraid, but why? What did you think?»
Mrs. A.: (very upset) «Do you suppose they look alike?»
Social Worker: «Was he the only child among the spectators?»
Mrs. A.: «At that age, yes».
S.E.C.: «Usually the children enjoy such scenes and express their pleasure, and the animal may have responded».
Mrs. A.: «Could the animals feel...?»
Social Worker: «What do you want to say?»
Mrs. A.: «That they are alike».
S.E.C.: «How do you mean, alike?»

Mrs. A.: «Don't they say that man has developed from the monkeys?»
S.E.C.: «Yes, there is such a theory».

The group remains silent.

Social Worker: «You mean that since your children have less intelligence and some animals have greater than others, they are similar, like monkeys. Is this what worries you?»
Mrs. A.: (smiling) «We always think of that defect and many thoughts cross our minds».
Social Worker: «Yes, as we have said, our own anxieties, create more fears. But you need not worry. Your children's handicap has no connection whatsoever with the theory of evolution».
Mrs. B.: «Indeed, we must not exaggerate our children's handicap and complain constantly».
Social Worker: «Well, it is natural that you feel anxious and it is understandable that this anxiety is expressed in the thoughts you have. What is important is to try to *understand* how you feel about the children».

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Relations with friends and acquaintances were also colored in terms of the parents' attitudes towards their handicapped children. Although all parents accepted mentally the need for social relationships, when faced with actual situations they were often unable to get any satisfaction out of them. In contrast to that, they could feel very comfortable with each other in the group, and they often expressed appreciation of the emotional strength they got out of this experience.

In the discussions that follow social situations are described which parents found difficult to handle. Even those who had developed signiflcant insight about their behaviour, in the group, found it difficult to change it in actual life.

Twenty - eighth Session

Before the session began, the parents talked about last session's discussion which is to continue to-day. *Mrs. B. and Mrs. H.* observe that it had been a very interesting discussion and the Social

Worker suggests that they introduce the subject to the group, to-day.

Mrs. B.: explains briefly that they had been concerned about their children's relations with other children and all the mothers present had felt that it was a serious problem (see Session 27, p. 64).

Mrs. H.: says, smilingly, that from the questions posed last time it seemed that the real problem was how much they themselves were ready to face reality, «how able are we to speak openly and sincerely?»

Mrs. B.: says that she thinks the children themselves understand their condition. She brings as an example her observation about George, who, when he is sad for not being included in other children's games, he says in his prayer «Please, God, make me well».

Mrs. H. a little sternly says that these things happen when parents talk in front of their children.

Mrs. B. protests that they have never said anything to George.

Mrs. H. says that from her experience she thinks that other children avoid a mentally retarded child because he does not satisfy them as a companion in their games, not because he is sick.

Mrs. B.: says that actually she doesn't have many difficulties; George has quite a few friends «although he is sick». Of course certain children avoid him, but she thinks that this happens even among normal children. She mentions that there are children in her neighborhood with whom she, herself, wouldd't let George play.

Mrs. F. says that there is certainly a problem in regard with their children.She explains that many times when Michael is playing with other children she observes that «he cannot play as easily and freely as other children, nor can he adjust to the demands of their games». She tries, however «to bring other children in her house, in Michael's environment», and in this Kostis (his brother) is a help. He includes Michael in their games «and so, the difference does not seem so great».

Mrs. H.: «Do you really think that others do not understand?»

Mrs. F.: says she has never talked about Michael to anyone, «not even with relatives», nor have they ever asked her, «perhaps however, they know».

Mrs. C. says that «it is impossible not to know». She explains that they do not ask «because they understand we do not want them

to ask». She says, smiling «we cover their weaknesses because we do not want to accept them».
Mrs. A.: (smiling): «Yes, yes, exactly. We camouflage them».
Mrs. F.: «Perhaps because Michael has other abilities I feel...»

The other mothers admit that «Michael does not look retarded» and this helps to create false impressions.
Mrs. F.: «Well, to come back to our discussion, we, now, know each other and sympathize; can other mothers feel the same?»
Social Worker: «You mean that maybe they are reserved because of ignorance and lack of contact with retarded children?»
Mrs. H.: «We should swallow our bitterness for our child's sake, and meet them on their own ground, our every neighbor's ground, in order to create a suitable environment for our children».
Mrs. C.: «I believe our Parents' Association can also help a lot in that, if it undertakes certain community education activities».

The group agrees that contact with other families should be cultivated, and, in parallel, the Association should undertake to inform and educate the general public.

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Reluctance, however, to admit that they were parents of mentally retarded children continued to be felt strongly for quite a long time. Mrs.H., who in the previous excerpt was seen to express so bodldly her intention to meet other parents, cringed from such an experience when later this was demanded of her.

Thirty - fifth Session

Talking about efforts to enroll members in the Parents' Association, *Mrs. C.* emphasizes that it is important for every member to try and contact the parents of mentally retarded children with whom they are acquainted.
Mrs. H. says that where she lives she doesn't see any retarded children.
Mrs. C. and Mrs. B. (rather agressively and very emphatically) say that «retarded children are everywhere».
Mrs. H.: «Perhaps because I do not have many acquaintances...»

Mrs. B.: (a little ironically) «And you were telling us that for John's sake you would go anywhere!».
Social Worker observes that perhaps Mrs. H. means what she herself often has said, that we are not always ready to accept certain things.
Mrs. H. (smiling) says that in fact at the Park where she used to take John, she remembers seeing retarded children and agrees to try.

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As awareness of the implications of mental retardation for the children's behaviour deepened, a gradual change was observed in the actual behaviour of the mothers and their expressed expectations from their children. This was especially notable in the older members, who also took an advisor's role towards the new members in the group. Sometimes such a role actually served as a cover, so to speak, for the ,,advisor 's" own lack of real acceptance of the child's handicap. Mrs. H. is such an example. Although she gained considerable insight into her son's problems and her own behaviour, her feelings of disappointment and frustration occasionally found expression in her agressive and domineering behaviour towards other members of the group. Mrs. H. was offered individual counseling, at that time, simultaneously with her participation in the group, as it was felt that the association with the other mothers in the group was also helpful to her, as well as to the other members. In individual counseling, on the other hand, it would be easier to handle her aggression and her need to dominate.

Forty - third Session

The discussion begins with Mrs. J. commenting on her difficulties to get Harry to study. She says that she is looking forward when he will start private tutoring, as they have seen that he is very much helped this way.
Mrs. N.: says that Sam's teacher told her that since he is improving this year they must press him, otherwise he will get lazy. She has begun to be more stern again but she doesn't know if it will have any results.

Mrs. H.: enters at this point and apologizes for being late. At her being introduced to the two new mothers whom she has not seen before, comments on their being absent from previous meetings and in a scolding tone says: «We must come to these meetings for the benefit of our children. When we are here we get relief from each other. By discussing our problems we find solutions, because many times it is our own fault».

Mrs. N. and Mrs. J.: explain that illness in the family had prevented them from attending previous meetings.

Social Worker: says that Mrs. H. has been in the group since last year, and that it is understandable that everyone may have to absent sometimes. She explains the subject under discussion and asks Mrs. N. what does her son's teacher mean with „pressure" and what improvement they have observed.

Mrs. N.: explains that Sam has mastered his Grade A Reader this year, but he is not getting ahead in arithmetic. His teacher believes that they must press him to study more his arithmetic.

Mrs. H.: interrupts to ask the age of the two children.

Mrs. N. and Mrs. J.: answer her.

Social Worker: suggests they describe a little their children's problems so that they can all follow what is discussed.

Mrs. N.: says that Sam has school difficulties. Turning towards the Social Worker says, interrogatively «he is retarded, isn't that so?»

Social Worker: explains that he is mildly retarded, which hinders him primarily in his school progress.

Mrs. N.: continues that he is repeating the First Grade and he has now begun to read, but he cannot count.

Mrs. J.: says that Harry is in the Third Grade, but he is very weak in everything.

Mrs. H.: says that John is being privately tutored, besides attending the Section. She says that «nothing shows he is not well». Continues that she has never treated him like a retarded child, although she knows that others have completely isolated their children. However, she worries lately because she sees him withdrawn, not very eager for anything. On the other hand, he has learned to read a few words.

Social Worker: observes that all the mothers have seen that their

children have advanced in certain areas, while in others they are more slow.

Mrs. N.: «This is why I wonder whether I should press him... Not let him stop when he says he is tired, but to insist that he finishes his assignments and even punish him, as a last resort».

Mrs. H.: (very sternly) says that this is very bad. She assures Mrs. N. that she will have no result at all.

Mrs. N.: (hesitatingly) protests that Sam does not do anything.

Mrs. H.: says that she never presses John. She tries to attract him to work either by making it interesting to him, or by reasoning with him. If he refuses, she tries something else.

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Forty - fourth Session

Before the discussion proper began the mothers present discuss among themselves their personal health problems. When the whole group assembles, *Mrs. H.*observes that «a large part of what happens to us is due to the trouble given us by the children». She says that the realization of John's inability to attend school has tired her very much.

Mrs. P. agrees that when the child is occupied for part of the day things are much better for both child and mother. She says that her son's private teacher comes now five times a week and she sees that Basil likes it. Often he asks for her. He works wel with his teacher in general but sometimes he refuses to see her, also.

Mrs. H. says that she has also employed a private teacher for John and she has fixed a special room for them to work so that his attention would not be disturbed by her presence. However, she is not pleased with his progress.

Mrs. P.: says that, on the contrary, Basil's teacher calls her in sometimes to observe what they are doing so that she can also help him better.

Mrs. H.: says that she is more concerned about the future. She says that John «has now lost a year» and she feels that from now on «he will be loosing time» constantly and she wonders how he is going to cope later on.

Social Worker: observes that as their understanding of their children's retardation increases, they feel greater responsibility for their future.

Mrs. P.: admits that «they are more concerned about how their children will handle future responsibilities than they are content for their present achievements».

Mrs. H.: «But in reality *we* will have to face these responsibilities. This is why I get apprehensive when I see the increasing gap between John and a normal child».

Social Worker: «What you say, in other words is, that their progress is lost in the midst of your anxiety created by your increased realization of your children's retardation».

Mrs. P.: admits that «Basil has improved a lot, but I worry more for the things he cannot do».

Social Worker: recognizes that these are real problems and it is understandable that they worry. She suggests, however, that the group discusses about which specific failures they are really concerned about in order to see what means can be provided at present to ensure a maximum development.

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Forty - eighth Session

In the beginning of the session the discussion centered on the general complaint that the husbands did not participate enough in the care of the retarded child. All mothers agreed that, besides the grief and the despair, they also had to bear the burden of the everyday care of the child, which made them irritable and unable to cope with his demands on her time.

At this point Mrs. J. observes that «there are other things that make for strained relations between us». She explains that the presence itself of their retarded son creates additional pressures and conflicts in the home. «When Harry comes home from school, his father at first sits with him to help him study; Harry makes mistakes, his father gets upset, becomes angry, and Harry is afraid to go on. I, then, take over to prevent his beeing punished by his father. Sometimes it takes us from 4 to 8 p.m. to finish until I feel like screaming».

Mrs. S.:«This is not right. Listen to me. When Anthony refused to study I let him go to school unprepared. The teacher reprimanded him and he began studying again. Generally when he doesn't do what I tell him, I let him go, and sometimes he does it of his own, and sometimes not. Anyhow, it is much better than getting upset and shouting at him, and so on».

Mrs. H.: «Don't you see that the pressure harms the boy? And you also suffer and nothing is accomplished. Why don't you loosen up your pressure on him? What difference does it make if he goes unprepared to school?»

Mrs. J.: protests that the teacher scolds him. She threatens to leave him in the same grade. She adds: «They call us and tell us of his failures and we despair».

Mrs. M.: describes her own experiences when Paul attended the regular school. They used to place him at the back and no-body payed any attention to him. Sometimes they even placed him near a window so that he could look outside and not get bored. Now, at the Center, at least he learns something, although it has nothing to do with regular class-work.

Mrs. J.: admits that she has begun to see that Harry does not get anything out of school and this is why he does not want to go.

Mrs. H.: «You should either put him in a private school or, better, get him a private tutor». She explains, with fervor that «the goal for our children cannot be a diploma but to get some necessary knowledge».

Mrs. J.: hesitatingly says that she doesn't think it is a good thing for him to stay at home. He only occupies himself with his sister who is five years old and with games not suited for his age. She is also worried about the competition between the two boys. She is afraid that Andy will laugh at him if he quits school.

Mrs. H.: «But I think that taking care of his sister is good for him. He gets satisfaction out of it, and perhaps he learns certain things also. Do not expect so much from him».

Mrs. S.: says that her retarded son is also jealous of his older brother, but she understands that, naturally, both will not be able to accomplish the same things.

Mrs. H.: suggests that it might be a good idea to encourage each child to be good at something different: one will be good in school,

the other at some craft. She concludes that the problem might be that «*we* have not yet really accepted their limitations».
Mrs. J.:(says with a determined air) «We must certainly do something about these children, but we have so many cares...»
Mrs. H.: suggests that it could help if the children were away from home for a while. Asks whether the group could discuss this problem at some next meeting.
Social Worker: says that it is up to the group to decide. Reminds the mothers that there are eight more sessions till the end of the year and if there are certain other topics they may want to bring for discussion, may do so.

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The group guidance program tried to offer to the parents, a much more realistic appreciation of the nature of the children's handicap as well as an understanding of their abilities and potential development, and thus free them from their extreme anxiety and despair. The excerpt that follows is an example of the new awareness the parents developed.

Forty - ninth Session

Mrs. H.: relates an episode with John in the bus. The boy was insisting on taking a seat next to the window, although there was no such place available. She had felt very badly because he was shouting and crying and she could not pacify him in any way. All the passengers were looking at them, giving advice, etc.
Social Worker: says that it is really disagreable to become the center of attention in public.
Mrs. H.: «No, I didn't mind about myself. I was upset because he has no control, creates scenes without reason. I remember Mrs. G. (a teacher) who used to say that we should not worry about the bashful child. He is more normal than the impulsive one».
Mrs. R.: «Well, Helen, behaves the same way. She does not feel shame. When we tell her, she does not understand. She stops for a while and then starts again. One should expect this behaviour».
Mrs. H.: «John is so insisting, constantly demanding and complaining».

Mrs. P. (soothingly): «Basil is like that too, sometimes. But this is retardation. They cannot understand, they have no sense of limit».

Mrs. H. (excited): «Yes, but if I could only understand whether they behave like a three, four or five-year-old! These children do not have the appropriate behaviour of any of these ages. With my other children I could reason at all ages».

Mrs. P.: says that she remembers having trouble with her daughter, too.

Mrs. H.: «Not at all». She says that she always «explained» to them, «reasoned» with them and they understood.

Social Worker: answers that her observation that a retarded child does not behave like a four or a five year old, although his mental age may be that, is correct. The retarded child does not present an even development in all the areas of his personality and this confuses the parent. For example, John's rich vocabulary does not mean that he also comprehends the meaning of these words, so that he can understand her explanations about things.

Mrs. H.: does not accept this explanation. She says that when she scolds him, he asks her. «Am I a bad child?» If she answers «yes» he may cry for hours.

Mrs. P.: says that she has not observed this in Basil. She finds that he learns by imitating what they show him. Gives certain examples.

Mrs. H.: «That is true, although they do not imitate spontaneously. You have to draw their attention to the things that have to be learned».

Mrs. P.: «That's what I meant. They don't take things in, like other children do».

Social Worker: emphasizes the value of this observation. The retarded child needs specific training in all areas of life and this is, of course, what makes it so exhausting for the parents. On the other hand there is the danger the parents may use every experience as a lesson for the child.

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D. THE ORGANIZATION OF THE ASSOCIATION OF PARENTS OF MENTALLY RETARDED CHILDREN

Soon after the beginning of the operation of the Section of Special Education in the Child Guidance Clinic, the parents realized that an increase in the hours of training, their children were receiving there, was necessary if any long-range benefits in terms of more mature behaviour and general adjustment were to be expected.

As the main problem faced by the Clinic in meeting this demand was financial, the first activities undertaken by the parents were meetings with different officials from the Royal National Foundation under whose auspices the Clinic then operated. Both oral and written petitions were presented to them in which increased allocation of funds for the expansion of the special education program was requested. The parents attending the group sessions at the Center formed the nucleus of this initial group action. However, these first efforts met with failure as thc Fountation was unable to meet the financial burden implied by the expansion of the said program, at that time.

The parents became gradually aware that the financial assistance and support of many more private and public organizations would be necessary in order to im prove the conditions existing for the care and the training of their mentally retarded children. They also learned that this support could only be solicited by the parents' strong and organized action. This gradually-gained awareness led to the decision to form an Association of Parents of Mentally Retarded Children.

The parents' interest in this type of action was often reflected in the discussions held in the group sessions. The leaders of the groups felt that this interest was doubly beneficial to the parents, and as such they both encouraged and guided such discussions offering information and clarifying issues whenever this was needed. It was felt that this type of common activity brought the parents closer together and afforded them an opportunity to present their needs publicly in a way acceptable to them. Also, it was hoped that such activities could awaken community interest and promote social action for the benefit of the mentally retarded individuals.

The following group session marks the beginning of concerted action on the part of the parents to organize themselves.

The Special Education Consultant, who had attended a conference organized by the Associations of Parents of Mentally Retarded Children of the European countries, related at the request of the parents, his experiences and explained the types of services that were established with the efforts of the voluntary Parents' Associations. He emphasized the fact that all levels of public administration — state, provincial and town — participated financially for the stablishment of special schools, in some European countries, but the parents themselves covered part of the expenses.

The discussion began with *Mrs. A.* commenting that in Greece it would probably be necessary for the private initiative to begin such a movement, with the State stepping in later to back it up financially.

Social Worker: comments that such an idea had been discussed also before in the group.

Mrs. A.: «My husband is seriously thinking about it. He has talked with some other parents to form an association of parents».

Mrs. C.: suggests that the parents ask the newspapers to have a campaign on the subject.

Some parents object that the newspapers may give political flavor to such a campaign.

Mrs. A.: says that they ought to begin somewhere. She suggests that they could also try to collect some money first.

Mrs. C.: «The truth is that we get disappointed easily».

Social Worker: asks what she means.

Mrs. C.: says that their failure to draw the interest of the people they contacted already, has cooled down their enthusiasm.

S.E.C.: comments that most efforts at the early stages met with such results.

Mrs. C.: says that those citizens who are more powerful and could exert greater influence have the financial means to send their children abroad and do not face the problem urgently.

Both the social worker and the S.E.C. explain that placement in a foreign institution is no real solution since the language, the habits and the general cultural climate do not permit an easy or successful adjustment of the children in their own country later on.

Mrs. C.: asks how they should proceed from now on, since the initial contacts did not bring any results.
Mrs. A.: «We must move ourselves first and then ask the assistance of the State».
Social Worker: «Perhaps you must consider the idea of organizing yourselves better. The State pays more attention to a request presented by an organized group».
Mrs. C.: «We have a small group here. We must see how we can get more parents interested. Of course, we can count on your help. Can't we?»

Both members of the staff assure the parents that they will have their assistance and guidance in whatever way this will be needed.

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During that spring and later in the summer the group succeeded in finding twenty-five members, the number necessary for the formation of an Association as required by the Greek law. In October 1960 the establishment of the Association of Parents of Mentally Retarded Children was made legal.

As the newly formed Association attracted membership and began to discuss and plan its future activities, it became necessary that its association with the Special Education Section become more formalized and at the same time separated from the parents' groups whose function would now differ markedly from that of the Association.

In a meeting between the parents of the group who had also been elected officers of the Association and the two group leaders, ideas were exchanged and the basis for their future cooperation between the two organizations was laid.

Joint Meeting of the Representatives of the Parents' Association of Mentally Retarded Children and Staff Members of the Special Education Section.
Representatives from the Parents' Association: Mrs. Z., Vice-president and Mrs. W., Treasurer.
Staff Members: Mr. Y., Special Education Consultant and Miss X., social worker.

Mrs. W.: reports that on November 18th the first meeting of the newly formed Association of Parents of Mentally Retarded Children met in Mr. A's office, a lawyer and member of the Association. The purpose of the meeting was to elect the members of the Executive Council of the Association. She proceeds to name the elected officers. Mr. A was elected president. Three of the parents participating in the parents' groups were also elected vice-president, secretary and treasurer.

The membership of the Association numbers 40 members now.
Mrs. Z.: very excitedly, says that she expects a lot from the newly formed Association. She realizes that it is only the beginning and they have a long way ahead of them but she feels they will make it. They are concerned, however, about some parents' hesitation to become members; «they avoid it because they do not have the courage to appear as parents of mentally retarded children». She enquires whether a member of the Association could meet the parents at the Center to explain about the Association. She feels that the contact may be easier within the premises of an institution. She also requests the co-operation of the professional personnel of the Section in the activities of the Association.
Miss X.: says that the Section will certainly try to help whenever the Association asks for its assistance. She further points out that the discussions concerning the organization and the function of the Association should not interfere with the discussions taking place in the parents' groups, as they cover quite different areas. The former can be held in special meetings where members of the professional staff can assist in a consultative manner.

As far as their question about interviewing parents on the premises of the Section, she explains that this would not be advisable as these two should not be connected in the parents' minds, since they serve quite different purposes. Miss. X. suggests that the Section could inform interested parents about the Association and advise them how they could get in contact with a representative of the Association.
Mr. W.: proposes that the Executive Council considers the idea to organize a Professional Counsultative Committee consisting of specialists interested in mental retardation. This committee could act as consultants to the Association and meet together

whenever it is indicated. He suggests that professionals from the fields of psychiatry, psychology, special education and social work could be asked to participate in the Committee.

Mrs. Z.: assents. She says she will discuss these propositions in their Executive Council meeting. She adds that the meetings will, at first, be held in Mr. A's personal office as the Association cannot at present face rent expenses. She suggests that both Mrs. W's and her own addresses and telephone numbers can be made available to parents who would wish to contact them.

It was further agreed that any future meeting with members of the staff would be held on the initiative of the Association.

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The formation of the Greek Association of Parents of Mentally Retarded Children was greeted with great enthusiasm on the part of the parents and was seen as an important step towards realizing their hopes in getting the services that were needed by their children.

Certainly, the organization of the Parent's Association did not solve the immense needs of the mentally retarded in this country. As it is well known, successful social action requires more than the determination and the enthusiasm of the needy groups and the knowledge and skills of the professionals. Power and its resources have to be attracted to their assistance. To the extent that this was accomplished by the Association, the results have been satisfactory: in the Automn of 1963 the „Stoupathion" Center of Special Education was established and the first 30 children began to attend.

The organization of the Association is not mentioned here, however, mainly for its part in the establishment of services. It is, in our opinion, noteworthy, as an example of the ability of this group of parents to overcome their frustrations and their reticense, to conquer their despair, and join in an effort that would necessitate for the first time the exposure of their problem to the public. It is also important as an effort on their part to see and understand their needs, as part of a wider social problem, and to attempt its solution in a scientific way.

These two attributes of our groups of parents — their fortitude and open-mindedness—were decisive factors in making professional work with them a satisfactory and rewarding experience.

CONCLUSIONS

The program of groupwork with parents of mentally retarded children was initiated in order to investigate its use on several areas of needs that these parents presented.

The limitations of time and the small number of groups with which this type of counseling was attempted, does not permit definite conclusions to be drawn as to the affectiveness of this method of groupwork. However, the material that was produced by the participating parents, and the observations made by the staff on the attitudes and behaviour of these parents before and after the group experience, allows us to formulate some general ideas concerning their needs and potential change in response to the help offered.

Five problem areas were identified during our work with the parents: (a) the emotional and social stress produced by the incidence of mental retardation, (b) the lack of information concerning mental retardation, its aetiology and behaviour manifestations, (c) the effect of harmful parental attitudes and feelings on the development of the children, (d) the inadequate and faulty handling of the mentally retarded child by his parents and, (e) the need for organized group action to promote services for the mentally retarded.

The emotional and social hardships suffered by the parents of mentally retarded children became evident in our contacts with them. The nature of these stresses, in terms of intensity and duration was seen to require long-term, specialized services by many disciplines for their alleviation. The longer they are allowed to remain undetected and unmet, the more serious and destructful they become to the parent-child relationship and, ultimately, to the child's capacity for development.

The lack of information concerning mental retardation present-

ed by our group of parents was felt to be a very serious drawback in their ability to comprehend, even intellectually, the problem they were facing. Especially anxiety-producing was their ignorance concerning the aetiology of mental retardation. Expert help in this area implied not only the presentation of factual information but, chiefly, the offering of emotional support to the parent. Closely connected with this need for clarification of the parents' false conceptions was the need for continuous interpretation of the child's immature behaviour in terms of his mental age. Lack of manual dexterity, absence of control of body functions, limited memory and power of concentration and many other examples of inadequate functioning had to be repeatedly interpreted as manifestations of the child's pathology.

The reduction of the feelings of guilt and self-devaluation were basic aims of our work with the parents. We feel that the group experience shared by them offered a therapeutic climate particularly well-suited to their needs.

The feeling of comradeship and mutuality-of-problem, which developed among the members was especially helpful in meeting their need for social acceptance. The accepting climate of the group permitted the expression of fearful thoughts and angry feelings and thus encouraged their replacement by healthier and more positive attitudes towards their handicapped children.

Of special interest was the observation that fathers, habitually thought of as less affected by their child's handicap, present equally intensive emotional disturbances as the mothers, and, in certain cases, may need even greater support than their spouces. The result of our small study concerning both the role of the father in the every-day life of his child as well as his emotional reaction to his handicapped child, ascertains the observations made in the groups. This evidence underlines the need for thoughtfully worked-out programs of services for fathers, in a way that would facilitate and encourage their involvement and participation.

These therapeutic experiences brought a gradual change of feeling and attitude which was reflected in the actual handling of the children. The exercise of pressure for accomplishment, based on the lack of acceptance of the child's condition, was replaced by understanding and assistance in accomplishing every-day tasks

and meeting social responsibilities. Especially noticeable was the abandonment of the parents' demands for scholastic achievement and their increased ability to get satisfaction from the child's successes in self-care and social activities.

The new understanding concerning their children's real needs in terms of education and training enabled the parents to move one more step forward and try, as a group, to provide the appropriate services needed for their children's attainment of that potential development.

These efforts resulted in the formation of the Greek Association of Parents of Mentally Retarded Children and the latter's subsequent involvement in the „Stoupathion" Center of Special Education. Their participation in this project is also notable as a rather rare example of co-operation between a voluntary association of lay people and a professional agency, set on a planned and a more-or-less permanent basis.

Finally certain conclusions can be drawn in regard to the effectiveness of the organizational aspects of such services, as well as the needed developments in the field of mental retardation.

a. The availability of a special education program for the children themselves, as a part of the total service program, no matter how limited, was a powerful motive for group participation and group action.
b. The inclusion of social work services in such programs of care is necessary and a prerequisite to successful operation of educational and training programs for the retarded individuals themselves.
c. The increase in the number of mentally subnormal individuals, and the contemporary emphasis on the responsibility of the community to offer the services needed by its members, points the way towards which the development of programs of care for the mentally retarded should take. The need for special schools and special classes in the regular schools cannot be stressed enough.
d. Private initiative can and should offer the greatly needed pioneering work for the establishment of new programs and services. However, the extensive needs of this or other needy groups can only be covered adequately by publicly-supported,

community-wide programs of care. Towards the accomplishment of this end organized parental support can offer a lot.

In this country, at this time, the adequate solution of the problem of the mentally retarded individuals still waits its turn amidst the other multiple and pressing social and economic problems Greece is facing. It is hoped, however, that when the time comes, the experience and the knowledge accumulated so far, will be utilized in the organization of better and more adequate programs of care.

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